Vol. XXVII TORONTO, CANADA, JANUARY, 1925 No. 1

The Official Organ of the Provincial Hospital Associations

The HOSPITAL MEDICAL and NURSING WORLD

CONTINUING THE HOSPITAL WORLD

$3.00 PER ANNUM

50¢ PER COPY

Contents.

EDITORIAL

Page

Anesthesia 1
Hospital Standardization 3
Physiotherapy 5

ORIGINAL CONTRIBUTIONS

The Dispensary Diabetic Clinic, by Maude A. Perry, Dietitian, Montreal General Hospital 10
Co-operative Buying, by A. J. Swanson, Christie Street Hospital, Toronto 11

A Cure in Tuberculosis is Often a Matter of Nutrition

Without it, all other measures are unavailing.
With it, other measures are often unnecessary.

Compound Syrup of Hypophosphites "FELLOWS"

has enjoyed an enviable reputation in the treatment of Tuberculosis for more than half a century. It stimulates the appetite.

Write for samples and literature

FELLOWS MEDICAL MANUFACTURING CO., Inc.
26 Christopher Street, New York City, U. S. A.

Published in the interests of Hospitals & the Medical & Nursing Professions.

McGill University Libraries
3 100 263 614 1

HALITOSIS

(AS DEFINED IN THE CENTURY DICTIONARY)

(Hal-i-to-sis) N. N. L.
(L. Halitus—Breath .:. Osis—Offensive)

Offensive breath, whether arising from diseased or neglected condition of the teeth, mouth or nose or caused by disorders of digestion, respiration, the excessive use of tobacco, etc., may be readily overcome by the deodorizing properties of—

LISTERINE

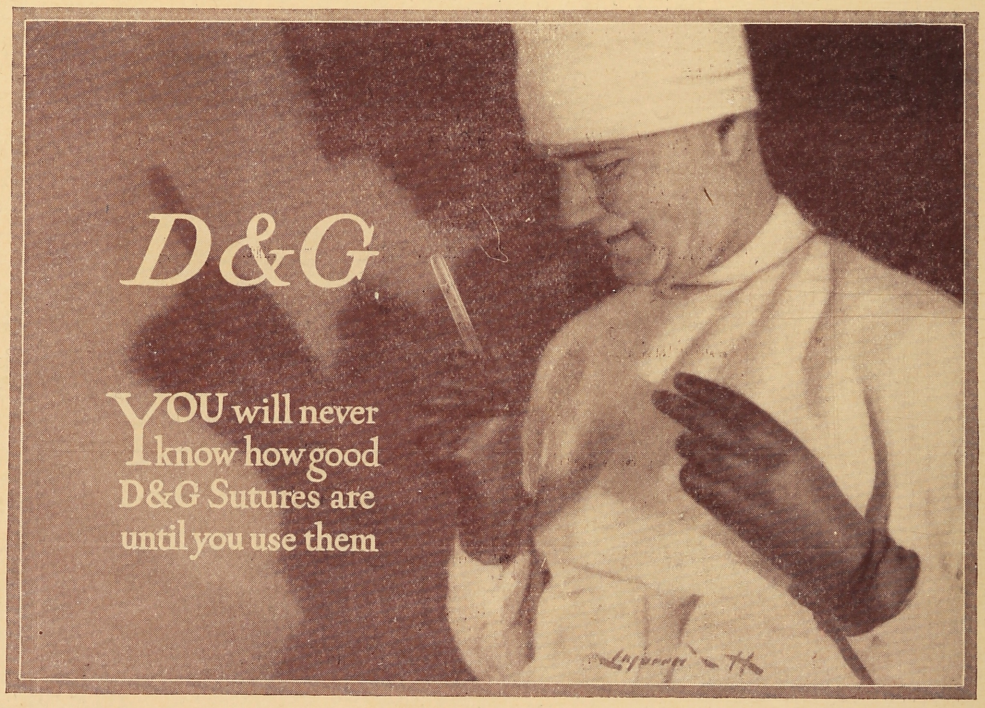
Listerine is strictly antizymotic, it inhibits alike the acid fermentation of carbohydrates and the alkaline putrefactive processes of mixtures of meat and saliva, retained as debris about the teeth; hence, Listerine is antagonistic to the activating enzymes of fermentation while supplanting disagreeable odors with the fragrance of eucalyptus, thyme, mentha, etc.

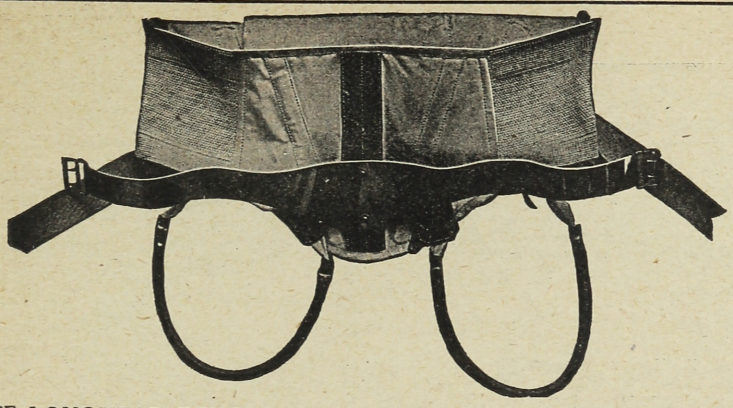
Many dental practitioners who advise their patients to use Listerine daily as a mouth-wash, also keep Listerine in an atomizer on the dental bracket readily available for use prior to operations, in self defense against pronounced cases of

HALITOSIS

Lambert Pharmacal Company

263-265 Adelaide Street West, Toronto





THE LONGYEAR BELT IS THE LATEST INVENTION FOR SUPPORT IN CASES OF FLOATING KIDNEY AND PROLAPSE OF THE STOMACH

It consists of a well-made belt, a large soft pad and a strong spring. The pad placed inside at the bottom of the belt and held securely in place by the broad spring, raises and holds firmly, but without discomfort, the abdominal organs.

This belt gives splendid results, and the principle readily appeals to the medical profession.

Price $12.00

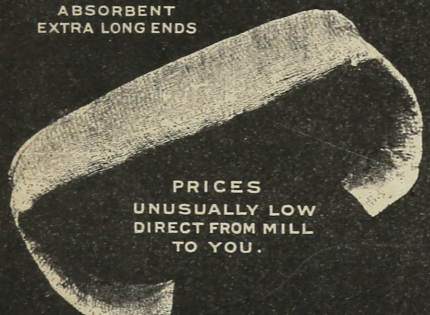
THE J. F. HARTZ CO., LIMITED

PHYSICIANS' SUPPLIES

TORONTO - - MONTREAL

Swiss Hospital Pads

QUALITIES:—
SOFT
NON-IRRITATING
ABSORBENT
EXTRA LONG ENDS



PRICES
UNUSUALLY LOW
DIRECT FROM MILL
TO YOU.

Puritan Mills
Swiss Textile Co.
1133 BROADWAY, NEW YORK, N.Y.
MILLS - ASSONET, MASS.

Nurses and Dietitians Wanted

GRADUATE NURSES AND DIETITIANS wanted. Many excellent paying hospital positions now open in almost every State in the United States. Supt. of Nurses, Asst. Supt., Surgical, General Duty, Night Supervisor, Anesthetists, Industrial, Public Health, School Nurses, Dietitians. Write for free book now—to-day. It tells all about the work this organization is doing for nurses and dietitians everywhere. Aznoe's Central Registry for Nurses, 30 North Michigan Avenue, Chicago, Ill.

SAL HEPATICA

Laxative and Eliminant

Efficacious in all conditions where intestinal sluggishness arising from functional derangements of the liver and portal circulation is a factor.

Sal Hepatica cleans the entire alimentary canal.

Samples for Clinical Purposes

Bristol-Myers Co.
New York

F. & R.'s
GENUINE
GLUTEN FLOUR

Guaranteed to comply in all respects to standard requirements of the U. S. Department of Agriculture.

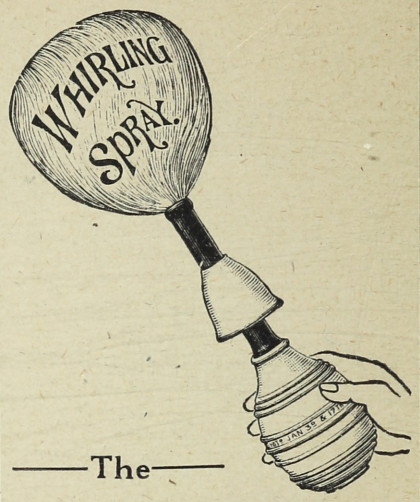
Manufactured by
THE FARWELL & RHINES CO.
Watertown, N.Y., U.S.A.

ALWAYS
A FAVOURITE



CHASE & SANBORN
MONTREAL 49

Hospitals use it—



——The——
Marvel Whirling Spray Syringe
MARVEL COMPANY
25 West 45th Street - New York

Canadian Distributors: Messrs. MacLean, Benn & Nelson, Ltd. 489 St. Paul St. W. Montreal, Can.

PHYSICIANS AND SURGEONS' INDEMNITY
(*at reduced rates*)

for loss from claims made by any person for injuries or death caused or alleged to be caused by *error* or *failure* to exercise the necessary degree *of professional skill.*

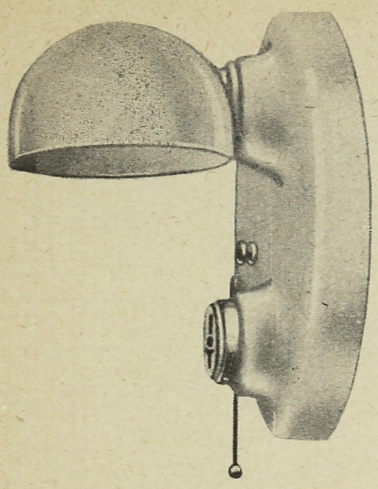
A "Guardian" Disability Policy
covering accident (Septicemia included) and illness affords unsurpassed protection.

The "Guardian" also transacts the following classes of insurance: Automobile - Burglary - Boiler - Tourists' Baggage - Tornado.

The Guardian Insurance Company of Canada
TOTAL FUNDS EXCEED $45,000,000.

Armstrong, DeWitt & Crossin, Limited
General Agents

36 Toronto St. Phone Main 0447 Toronto



AGLITE

ALL GLASS

AGLITE is unequalled for wards, corridors or bathroom illumination. Its all-glass construction makes it sanitary and easily cleaned. Its white finish is quite in keeping with hospital surroundings.

NOSHADOWLITE

FOR OPERATING ROOMS

This light was designed in conjunction with several well-known surgeons. It enables the surgeon to work speedily and accurately. Noshadowlite is used in such well-known institutions as the Mayo Brothers Clinic at Rochester, Minn., and the Toronto General Hospital.

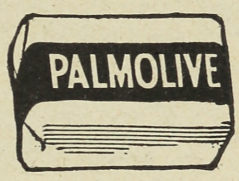
We will be glad to send descriptive folder showing lighting tests and designs.

Tallman Brass & Metal Limited
HAMILTON, ONT.

Facts About Soap

One authority points out that of all the articles used in the household, perhaps there is not one of which the composition is so little known as that of soap.

We might add to this that the physician is one of the largest users of soap. Soap is one of the most valuable weapons in the promotion of asepsis, and yet little is known of the qualifications which a toilet soap should possess to fit it for the needs of both the physician and his patients.



PALMOLIVE is recommended as a toilet soap manufactured from vegetable oils exclusively, which will give a thorough cleansing without causing any harshness or dryness, and which measures up to all the standards of a pure and effective toilet soap.

It is a true sapo durus, a soap which may be employed as safely as the best genuine castile. It is perfectly blended—there is no excess of unsaponified oil, no free caustic alkali. It rinses completely in water of ordinary temperature, leaving no bacteria-collecting residue on the skin.

It has a pleasant, soothing and non-irritating effect upon the skin, giving full detergent action without interfering with the normal activity of the sebaceous glands.

PALMOLIVE is now used with eminent satisfaction by a large number of the medical, dental and nursing professions, as actual experience proves that it is a better soap.

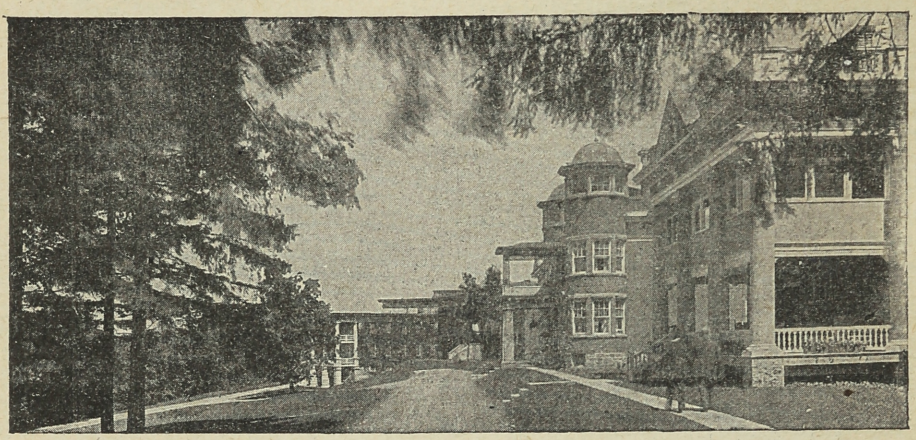
A packet containing twelve small cakes—a size convenient to carry in your case—will be sent you gratis upon receipt of request.

The Palmolive Company of Canada, Limited

TORONTO - ONTARIO - CANADA

HOMEWOOD SANITARIUM

GUELPH, ONTARIO



A private neuropsychiatric hospital with special facilities for the study of early cases to establish diagnosis and determine prophylactic or treatment indications.

75 acres of woods and lawns with ample provision for out and in-door employments and diversions.

Guelph, reputed as one of the healthiest cities of Canada, is conveniently accessible from Toronto, Montreal, Buffalo and Detroit. Address: Dr. C. B. Farrar, Medical Superintendent, Guelph, Ontario.



Mark all Hospital Linen!

EVERY article of hospital and personal wear is liable to loss or misuse unless properly marked. For identifying sheets, pillow cases, towels, uniforms, etc., there is nothing so easy to use, economical and permanent as **CASH'S WOVEN NAMES.** Sew them into everything that washes.

3 dozen $1.50 ***9 dozen $2.50***
6 dozen $2.00 ***12 dozen $3.00***

Write for Style Sheet and Samples, or send in a Trial Order now.

J. & J. CASH, INC.
4 Grier Street - Belleville, Ont.

Cash's Woven Names

SEMOLINA
AULD REEKIE

The attention of the Medical Profession is called to

Auld Reekie Semolina
(Trade-mark Registered)

This is a product that is ideal for use in the sick-room. It is *pure, wholesome, easily digested* and *highly nutritious*. It can be used in the making of puddings, soups and in many other attractive forms for use by those convalescing from illness. Procurable at all principal grocers or direct from

The British Agencies
Company
TORONTO

Invaluable to Both Hospital Staff and Patients



LIFEBUOY HEALTH SOAP

With its cleanly odour,—its pure velvety lather, Lifebuoy Soap is a necessity that gives the pleasure of a luxury. It performs a double duty:—It thoroughly cleanses the skin and with the aid of its antiseptic and vegetable oils, gives a wonderful healing and tonic effect to the body. For washing all garments that touch the skin, the rich creamy lather from Lifebuoy Soap will produce the most satisfying results.

Grocery stores everywhere sell it

Lever Brothers Limited
Toronto

MERCUROSAL SUBJECTED TO PHYSIOLOGICAL TEST

AFTER every practicable chemical test has shown Mercurosal,* the new anti-syphilitic mercury compound, to be satisfactory, this product is subjected to a test for toxicity on rabbits of standard weight, these animals having been found to yield more definite data than others.

Mercurosal in solution is introduced into the marginal vein of the rabbit's ear at a carefully controlled rate—very slowly depending on the size of the animal. The optimum rate of injection has been determined by numerous experiments, and is an important item in the test.

Our investigators will not pass any batch of Mercurosal that will prove fatal to a 2- to 4-kilo rabbit in a dose of less than 40 to 80 milligrams. The standard is a minimum of 20 to 30 milligrams per kilo.

The margin of safety is impressive. Calculated on the basis of weight alone a toxic dose of Mercurosal for a man weighing 65 kilos (150 lbs.) would be 1.3 gms. or *13 times the recommended intravenous dose.*

By means of the chemical tests we determine the purity of Mercurosal, and from that might be judged its relative freedom from toxicity; nevertheless the physiologic toxicity test is invariably performed as an added precaution.

***Disodiumhydroxymercurisalicyloxyacetate. Contains about 43.5% of mercury in organic combination. Relatively non-toxic and non-irritating. Adapted for intravenous and intramuscular administration in the treatment of syphilis.**

PARKE, DAVIS & COMPANY

Curity
REG U S PAT OFF

Start the New Year Right

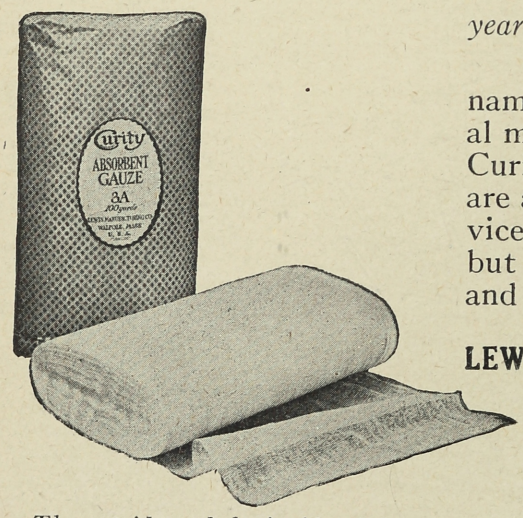
It may be that you are one of the hospitals who have not yet become acquainted with Curity Products. Then why not, when making New Year's Resolutions, let one be to see what is inside the Curity Cross Wrapper? The best part of such a resolution will be that it is easy to keep.

Or if you are acquainted, does your acquaintance include our entire line? You will find that you get more than simply gauze, cotton, plasters, bandages, hospital pads, crinoline or rubber sheeting with a purchase of Curity.

You get the assurance, for one thing, of price protection, which means that if prices go down you automatically get the advantage of the decline. Knowledge of this Curity Policy gives you a feeling of security that you cannot help but appreciate.

So—if you didn't last year, do it now!

Ask us to put your name on our list for occasional market bulletins, and for Curity Comments, too. Both are an additional Curity Service that cost you nothing, but bring both enjoyment and information.



The outside and the inside of the Curity Cross Wrapper.

LEWIS MANUFACTURING CO.
WALPOLE, MASS.

Selling Agents:
Gibson, Paterson, Ltd., Winnipeg
H. L. Brown & Co. - Toronto
R. H. Paterson - St. John

Cellucotton
Reg. U.S. Pat. Off

Learn to Know Cellucotton

MAKING New Year's Resolutions may be old-fashioned, but here is a suggestion for a resolution that would be up to date—*learn to know Cellucotton.*

The advantages of this resolution to you would be many.

It would save you money first of all. This is true because Cellucotton is less expensive than the grades of absorbent cotton which it would replace. This saving alone would make it worth while.

Add the fact that Cellucotton absorbs three to five times as fast as absorbent cotton, and that its lateral absorbency is far greater, and you begin to see what a valuable resolution it would be to you.

It's easy to make and easy to keep—*Send for a trial order to-day.*

One hundred pounds will give you ample chance to try the Perfect Absorbent. If you do not like it after giving it a thorough test you may ship back the unused portion and we will credit you for the full amount of your bill.

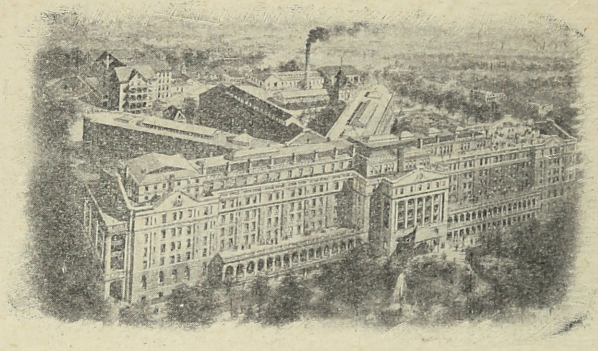
In addition to the trial order you may have, free for the asking, our Cellucotton Recipe Book, and Dressings Set, containing about fifteen sample dressings.

Exclusive Selling Agents

LEWIS MANUFACTURING CO.
WALPOLE, MASS.

Represented in Canada by

Gibson, Paterson, Ltd., - Winnipeg
H. L. Brown & Co. - - Toronto
R. H. Paterson - - St. John



An Invitation To Physicians

Physicians in good standing are cordially invited to visit the Battle Creek Sanitarium and Hospital at any time for observation and study, or for rest and treatment.

Special clinics for visiting physicians are conducted in connection with the Hospital, Dispensary and various laboratories.

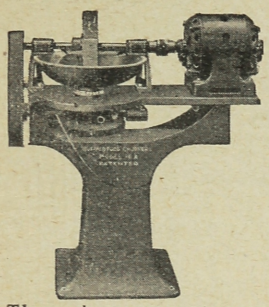
Physicians in good standing are always welcome as guests, and accommodations for those who desire to make a prolonged stay are furnished at a moderate rate. No charge is made to physicians for regular medical examination or treatment. Special rates for treatment and medical attention are also granted dependent members of the physician's family.

An illustrated booklet telling of the Origin, Purposes and Methods of the institution, a copy of the current *Medical Bulletin*, and announcements of clinics, will be sent free upon request.

THE BATTLE CREEK SANITARIUM

Battle Creek **Room 271** **Michigan**

"BUFFALO" Meat, Food and Vegetable Chopper



Thousands now in use throughout the world

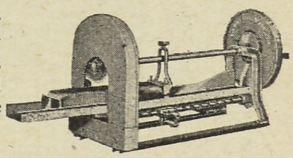
YOU CAN find uses for the "BUFFALO" Chopper every day for every meal. The 38 different varieties of food it cuts FINE WITHOUT MASHING, will produce nearly a hundred different kinds of dishes; turn them out more tasty and nutritious, in one tenth less time than by any other method, with practically no food waste.

Savings in food, time and labor will pay for this machine in a few months' time.

Write for information on what this machine will do.

"BUFFALO" Bread Slicer

THE "BUFFALO" BREAD SLICER will reduce your bread bill 15% to 25% a month; will save time, money and bread and give you a nicer, more uniform slice. It has the largest capacity of any slicer made and its low cost and high quality make it the greatest value on the market. Write for list of satisfied users.



Cuts 175 to 200 uniform slices a minute

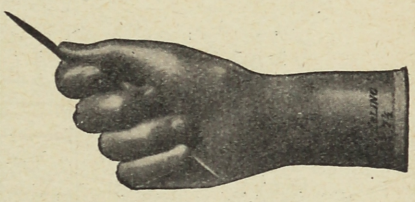
JOHN E. SMITH'S SONS COMPANY
50 Broadway *Patentees and Manufacturers* **Buffalo, N.Y.**

Naumkeag Steam Cotton Co.
Salem, Mass.

PEQUOT SHEETS AND PILLOW CASES

Standard for Homes, Hospitals and Institutions

Selling Agents:
PARKER, WILDER & CO.
Boston and New York



Sterling

Surgeons' Gloves have merited the approval of most of the hospitals in Canada and many prominent ones in other British Dominions.

Insist on Gloves branded STERLING and insure complete satisfaction as well as utmost economy.

The STERLING trademark on Rubber Goods guarantees all that the name implies.

Pioneers and the largest producers of
SEAMLESS RUBBER GLOVES
in the British Empire

Sterling Rubber Company, Limited
GUELPH, CANADA



and



Just as indispensable in a Hospital
as
Light and Heat

If it will shine

CAPO

We make a polish for it

HAMILTON

FESS OIL BURNERS

in all sizes and types of boilers from the small house boiler to the largest steam plant have demonstrated, during the last ten years, the efficiency, cleanliness and economy of burning oil with properly designed installations and equipment.

MEDICAL MEN should investigate the new

FESS AUTOMATIC OIL BURNER

for household use—a marvel of simplicity and dependability.

Write or phone for list of hospitals and other institutions and homes now burning oil. See it in operation.

FESS OIL BURNERS OF CANADA
LIMITED

Oil Combustion Engineers *Established 1913*

47 King Street West - - Toronto
323 Beaver Hall Hill - - Montreal

Ingram & Bell LIMITED TORONTO

Hospital Supplies

Sole Agents for
BRAMHALL DEANE
HIGH PRESSURE STERILIZERS
WAPPLER TRANSFORMERS
and
HIGH FREQUENCY APPARATUS

Our Specialties:

Manufacturers of
HYPODERMIC TABLETS
COMPRESSED TABLETS
ELIXIRS, OINTMENTS, Etc.
FULL LINE OF DRUGS

Our Sundry Catalog awaits your request

A postal requesting quotations will receive immediate attention

TRADE IMPERVO MARK

Waterproof Material

CONTAINS NO RUBBER - WILL NOT DETERIORATE
CAN BE EASILY CLEANED OR STEAM STERILIZED
Wears longer - Costs less than rubber

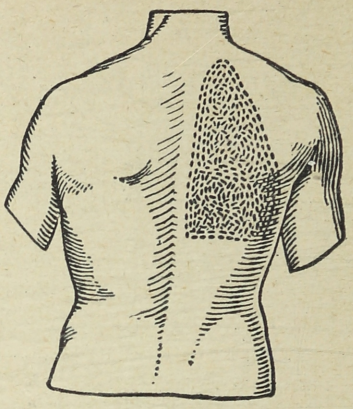
Write to our Canadian Agents for descriptive circular and price list

The J. F. Hartz Co., Ltd.
Toronto
Can.

E. A. Armstrong IMPERVO Co.
Watertown, Mass.
U. S. A.

J. H. Chapman
Montreal
Can.

In Lobar Pneumonia strive for these 3 things



—To Reduce Pain
—To Combat Toxaemia
—To Support the Circulation

IN writing of these—of the symptomatic treatment—of Lobar Pneumonia, Osler says, applied heat will relieve pain, but until we have a specific which will safely neutralize the toxins of the disease, we must be content with measures which promote the elimination of the poisons .... Third, and all important in the treatment of Pneumonia, is to support the circulation.

Antiphlogistine accomplishes these desired ends, scientifically

Applied warm and thick over the entire thoraic wall, it relieves pain and congestion, by increasing the superficial circulation. The cutaneous reflexes are stimulated, causing contraction of the deep-seated blood vessels.

The over-worked heart is relieved from an excessive blood pressure; pain and dyspnoea are lessened, the elimination of toxins is hastened, and the temperature declines.

Antiphlogistine is a scientific product, the result of a working knowledge of chemistry as well as physics. Its therapeutic action is diagramatically explained at the foot of this advertisement, and its use for 30 years, in the treatment of Pneumonia and all other cases where inflammation and congestion are present, by hundreds of thousands of physicians, is your professional precedent.

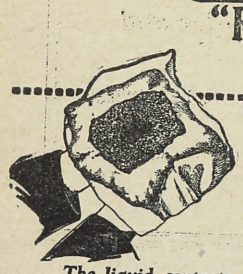
Let us send you a trade-size package and our valuable booklet "The Pneumonic Lung"—both are FREE.

The Denver Chemical Mfg. Company
New York, U. S. A.
Laboratories: London, Sydney, Berlin, Paris, Buenos Aires, Barcelona, Montreal, Mexico City

Antiphlogistine
TRADE MARK



"Promotes Osmosis"



The liquid contents of Antiphlogistine enter the circulation through the physical process of endosmosis. In obedience to the same law, the excess moisture is withdrawn by exosmosis. Thus an Antiphlogistine poultice after application shows center moist. Periphery virtually dry.

Fill in and use the coupon

The Denver Chemical Mfg. Co.
20 Grand St., New York, N. Y.

Please send me a copy of your book, "The Pneumonic Lung".

Doctor_____

Street and No._____

City and State_____

THE HOSPITAL, MEDICAL AND NURSING WORLD
TORONTO, CANADA

A professional journal published in the interests of Hospitals, and the Medical and Nursing Professions.

VOL. XXVII TORONTO, JANUARY, 1925 No. 1

Editorial

Anesthesia

Mr. Z. Mennell, anesthetist of St. Thomas's Hospital, Old London, writes instructively in the *Lancet* of a 14,000-mile tour in North America, visiting thirty hospitals in "twelve big towns."

Adverting to the surgical business institutions he visited, where many clinics pay salaries to assistants, he finds one of these underlings occupying a very subordinate position as anesthetist—a nurse in certain instances.

During the whole time Mr. Mennell saw only two good straight ether anesthetics; but excellent anesthetics by other means. He only smelled chloroform once and that was in a laboratory. He believes, as most old country men do, that chloroform has its place. He never understood its real value until it was brought to his mind on this side of the Atlantic by the complete absence of its use.

Mennell met McMechan at the Chicago Congress —a genius with a mission, keeping in touch with the work of all anesthetists and physiologists in

America. Discussing Mennell's own paper on intratracheal ether he discovered that this plan of administration is not common on this side, owing, he thinks, to the difficulty many people find in passing the catheter.

In the Windy City the visitor saw ethylene given to four patients. The smell was appalling—due, they say, to impurities which will, in time, be gotten rid of. Narcosis was produced rapidly without struggling or cyanosis. He would place it between nitrous oxide and ether. One death from its use has been reported.

Nickesson's portable gas-oxygen apparatus for maternity work appealed to him. He was impressed with the vigorous physical and mental postpartum conditions. Patients were unanimous about the relief of pain and the sense of well-being all through.

Mr. Mennell says Dr. Wesley Bourne is the best anesthetist he ever saw at work. He doesn't confine himself to one anesthetic. It was a pleasure to see him with an old Clover inhaler. Intratracheal insufflation he uses routinely, and Kelly's apparatus is ready for his use in hospital theatres. He is *au fait* with the importance of a clear air-way, and knows how to get a slack abdomen. Bourne refused the post of anesthetist because of the subordinate position attached to the appointment.

Mennell visited hospitals unannounced. He saw perfectly smooth light anesthesias given by nurses with the surgeon contentedly sewing up stiff abdomens and dealing with protruding intestines—apparently not expecting anything else.

Local anesthesia was much used in minor cases. He saw major work done under local, the patients though well doped first with preliminary narcotics

were restless even then. Graves' disease and goitre seemed the most satisfactory type of case for local.

He saw one surgeon working with a combination of novocaine and gas-oxygen anesthesia with the most complete success while performing a difficult abdominal examination, obtaining apparently excellent relaxation. The anesthetist was completely under his control, moving the indicator on the machine according to directions. This demonstration pleased the London visitor: the surgeon was an expert, not only at his own job, but as anesthetist. This operator realized the supreme importance of gentleness in handling the parietal peritoneum. During the whole operation he never made a single rough or unnecessary movement. There was a supply of ether in a bottle attached to the machine, but it was not used.

The English visitor saw very few students giving anesthetics under tuition. And these were chiefly in Canada. He found that the so-called internes (house-officers in Britain) did comparatively little anesthetic work—for the reason that the surgery is largely done in hospitals in which there is a team of full-salaried assistants.

Hospital Standardization

The standardization of hospitals established within recent years has, outwardly at least, met with unquestioned approval throughout the hospital world at large. Every hospital, after the earliest marking, bestirred itself either to maintain its Class A standard or to struggle forward to this ideal. In the latter instance there was a great stirring of dry bones—metaphorically speaking, of course—throughout the hospital departments. The staff

struggled with histories, the internes with records, the secretary with finance, and the superintendent with a mighty house-cleaning effort, through matron and maids, to meet the A standard requirements.

The large hospitals with their hundreds of patients, public interests, and state semi-support maintain their ranking, of course. Besides, what "visitor" would dare to de-rank a great public institution, with its spotless and imposing staff, its marble and nickel finish!

But to the smaller hospitals standardization is both a help and a bugbear. Doctor Groves, representing a smaller hospital of Ontario, at a recent meeting of the Ontario Hospital Association, had the courage to voice certain personal objections to the standardization plan as at present imposed. Perhaps the strongest of these is that the American College of Surgeons, being preponderatingly an American organization, should not have the right to impose its standard upon Canadian hospitals.

This objection, of course, could be met by Canadian or Provincial Hospital Associations each setting its own standard. Conditions differ materially in the many provinces of Canada as in the individual states, and a local and therefore desirable standard for each, might be set up. But this need not prevent the maintenance of a general standardization as at present established, since certain elementary principles are essential in the proper government of all hospitals.

Dr. Groves rightly believes that "progress is the result of freedom of action and diversity of thought." But these must be maintained within certain large limitations, else all would be confusion. Provided that care is exercised not to cut out the humanities, and that the local atmosphere and en-

vironment be sufficiently considered, it appears that standardization is a valuable agent in maintaining efficiency.

But Dr. Groves voices a natural and possibly largely shared sentiment: that the degree of efficiency should be pronounced upon by a committee of "our own."

Physiotherapy

The use of physiotherapy is much on the increase in America since the war. In many of the large European hospitals one sees the physiotherapy department pavilion situated centrally in the medical division, bearing much the same relation to the medical pavilions as the operation house does to the surgical group.

Physiotheraphy includes treatment by water, light, heat, radium, electricity, mechanical devices, massage and corrective exercises. All general hospitals should have a complete equipment.

The X-ray department may be properly incorporated with the physiotherapy.

In the electrical and X-ray division of the department it will be necessary to supply both direct and alternate currents. The direct will be needed for the galvanism used in muscle testing, ionization, electrical vibration, the ultra-violet lamp, and motor for static work. The alternating line will be needed for the high-frequency apparatus, sine-wave machine, and the ultra-violet lamps. These lines may be run parallel along the walls of each treatment room. Some of the newer hospitals are planning wall sockets for both direct and alternating currents beside each bed in the institution; this will enable any bed-ridden patients to secure radiotherapy or electrotherapy (except static).

took a patient to a hospital—into a semi-private ward—for operation. The hospital inquired "Do you want a special nurse on this case, doctor?" The reason was that the hospital did not pretend to furnish competent nursing service for the patient. That criticism might not apply to all hospitals in the province. Dr. Routley holds that if ordinary people were allowed to pay the actual cost of their maintenance in the hospital, under ordinary circumstances, they would be willing to pay it. People of moderate means on ordinary salaries usually ask for private or semi-private ward accommodation, and are asked to pay $3.00 to $5.00 per day for their room and $5.00 to $10.00 for nursing service in addition. Every hospital, he says, should lay down the principle: "We are going to give a competent nursing service in this hospital, no matter what ward the patient is in; so that John Smith's wife will receive first-class nursing service without any special nurse, even though she requires special nursing care during the whole twenty-four hours of the day." There should be no question of special nurses; and the special-nurse system should be discarded, he said.

Hospital Costs: Special Nurses

The secretary of the Ontario Medical Association while addressing the Ontario Hospital Association at its last meeting, stressed two points. The first related to the big expense people of the middle class are under when they and their friends are confined to hospital. The costs were too high. He hoped in its deliberations the members of the association would give some time to the consideration of that problem, especially in so far as it related to urban centres. He had known of a man of the middle class

In the larger institutions the following rooms should be provided: a waiting room, office, examination room, linen room, patients' dressing room, main hydrotherapy room, galvanic room, static room, ultra-violet room, general treatment room, mechanotherapy room, rest room for personnel, repair shop, and sufficient toilet accommodation. Almost any outfitting house will be pleased to send a plan and list of equipment needed sketched in. The laying out of the rooms and choice of equipment should be done by the man who is to have charge, and the superintendent of the institution.

The department should be supervised by a medical man who understands the work. He will have to have male and female attendants or technicians. He will confirm the diagnoses of diseases from which patients referred to the department are suffering, will prescribe the character of the treatment to be given and note the progress made. He will probably undertake himself muscle testing and nerve regeneration work. Records should be kept of all treatments and progress notes of patients' condition.

One of the attendants should be held responsible for all equipment, of which inventories should be regularly made.

Physiotherapy is coming to its own. Its general use will reduce institution drug bills, lessen death-rate and shorten days' stay of patients in hospitals.

Nurses' Hospital Charges

The secretary of the Ontario Hospital Association in addressing that body at its last meeting, said that the present craze for special nurses comes from the hospitals themselves—not from the medical profession and not from the patient. Some years ago he

took a patient to a hospital—into a semi-private ward—for operation. The hospital inquired "Do you want a special nurse on this case, doctor?" The reason was that the hospital did not pretend to furnish competent nursing service for the patient. That criticism might not apply to all hospitals in the province. Dr. Routley holds that if ordinary people were allowed to pay the actual cost of their maintenance in the hospital, under ordinary circumstances, they would be willing to pay it. People of moderate means on ordinary salaries usually ask for private or semi-private ward accommodation, and are asked to pay $3.00 to $5.00 per day for their room and $5.00 to $10.00 for nursing service in addition. Every hospital, he says, should lay down the principle: "We are going to give a competent nursing service in this hospital, no matter what ward the patient is in; so that John Smith's wife will receive first-class nursing service without any special nurse, even though she requires special nursing care during the whole twenty-four hours of the day." There should be no question of special nurses; and the special-nurse system should be discarded, he said.

Hospital Costs: Special Nurses

The secretary of the Ontario Medical Association while addressing the Ontario Hospital Association at its last meeting, stressed two points. The first related to the big expense people of the middle class are under when they and their friends are confined to hospital. The costs were too high. He hoped in its deliberations the members of the association would give some time to the consideration of that problem, especially in so far as it related to urban centres. He had known of a man of the middle class

having to pay $200 for the care of his wife during a confinement. With the custom of living in apartments, more and more young people commencing life were adopting this sort of living. The consequence was that hospitals were being utilized more and more when sickness invaded the home.

Many people, too, he claimed, were being deprived of trained nurses because they could not afford to pay the fees demanded, though probably the nurse was entitled to the same. Hospital executives might well turn their attention to the problem of securing mothers' help or practical nurses to help out in such cases.

Standard Beds

For general hospital use it has been recommended that hospital beds should be of the following dimensions:

(*a*) Length, inside distance between head and foot-post, 78 inches.

(*b*) Width of end angles of springs, 36 inches.

(*c*) Height from floor to top of springs, inclusive of casters, 27 inches.

For certain institutional uses, the need for a narrower bed is recognized—say 33 inches, with other dimensions as above. For private room use, where a wider bed is desired, 39 inches is recommended, with other dimensions as above.

The Hospital, Medical, and Nursing World

(Continuing the Hospital World)

Toronto, Canada

The Official Organ of The Provincial Hospital Associations, including The Ontario Hospital Association, The Alberta Hospital Association, The British Columbia Hospital Association, etc.

Editors:

John N. E. Brown, M.B., (Tor.), Ex-Sec'y American and Canadian Hospital Associations, Former Supt. Toronto General and Detroit General Hospitals.

W. A. Young, M.D., L.R.C.P. (London, Eng.), Toronto, Ont., Consultant, Toronto Hospital for Incurables.

M. T. MacEachern, M.D., Director-General, Victorian Order of Nurses, Ottawa.

Maude A. Perry, B.S., Supervising Dietitian, Montreal General Hospital.

Associate Editors:

ONTARIO

C. J. C. O. Hastings, M.D., Medical Health Officer, City of Toronto.

N. A. Powell, M.D., C.M., late Senior Assistant Surgeon-in-charge, Shields Emergency Hospital, Toronto.

P. H. Bryce, M.D., late Medical Officer, Federal Dept. of Immigration, Ottawa.

Herbert A. Bruce, M.D., F.R.C.S., Founder of Wellesley Hospital, Toronto.

J. H. Holbrook, M.B., Physician-in-chief, Mountain Sanatorium, Hamilton.

R. W. Routley, M.D., Secretary Red Cross Society of Canada. (Ontario Division.)

Helen MacMurchy, B.A., M.D., Late Asst. Inspector of Hospitals of Ontario, Toronto.

J. W. S. McCullough, M.D., Chief Officer of Health for the Province of Ontario, Toronto.

J. H. Elliott, M.D., Asst. Medicine and Clinical Medicine, University of Toronto.

Roy Thomas, M.B., Asst. Surgeon, Emergency Department, Toronto General Hospital.

George D. Porter, M.D., Toronto, Ex-Secretary, Canadian Association for the Prevention of Tuberculosis.

G. Murray Flock, M.B., one time Physician-in-charge, Essex County Sanatorium, Union-on-the-Lake, Kingsville.

C. M. Hincks, B.A., M.B., Assistant Medical Director of the Canadian National Committee for Mental Hygiene, Toronto.

QUEBEC

H. E. Webster, Esq., Superintendent, The Royal Victoria Hospital, Montreal.

Henry G. Baxter, Esq., Assistant Superintendent, The Royal Victoria Hospital, Montreal.

A. K. Haywood, M.D., Superintendent, Montreal General Hospital, Montreal.

J. R. Byers, M.D., Superintendent, Laurentian Sanitarium, Ste. Agathe des Monts.

NOVA SCOTIA

W. H. Hattie, Provincial Health Officer, Department of Public Health, Nova Scotia, Halifax.

MANITOBA

David A. Stewart, M.D., Medical Superintendent, Manitoba Sanatorium for Consumptives, Ninette.

ALBERTA

T. H. Whitelaw, B.A., M.B., University of Toronto, Medical Officer of Health, Edmonton.

A. Fisher, M.D., Superintendent, Calgary General Hospital, Calgary.

H. R. Smith, M.D., Superintendent, Royal Alexandra Hospital, Edmonton.

SASKATCHEWAN

J. G. Wright, M.D., C.M., Regina.

M. R. Bow, M.D., Superintendent, Regina General Hospital, Regina.

BRITISH COLUMBIA

Arthur G. Price, M.D., Medical Health Officer, City of Victoria, Victoria.

H. C. Wrinch, M.D., Superintendent Hazelton Hospital, Hazelton.

GREAT BRITAIN

Conrad Thies, Esq., late Secretary, Royal Free Hospital, London, England.

Donald J. Mackintosh, M.D., M.V.O., Medical Superintendent, Western Infirmary, Glasgow, Scotland.

All communications, correspondence, and matter regarding subscriptions and advertisements to be addressed to "The Hospital, Medical, and Nursing World," Toronto, Canada.

Reprints, including Half-tones, etc., Supplied Authors at Net Cost.

Original Contribution

THE DISPENSARY DIABETIC CLINIC

By Maude A. Perry, Dietitian, Montreal General Hospital.

The treatment for a diabetic patient in a hospital is only a part of the care needed for many of these patients, especially for the public ward cases. During the stay in the hospital the patient is dieted so that the urine becomes and remains sugar free and the blood sugar drops proportionately. The patient is taught to observe his diet from day to day and is given instruction in methods of preparation of his food. We do not send our patients out of the hospital with scales, however. They learn by observation just what quantities of various foods they can have and we teach them the danger of variation from the printed lists. Each patient is taught also to do daily urinalysis. This is important as it gives the patient a constant check upon his own condition.

When the patient leaves the hospital we do not relinquish our care of him. He is told to report to the Diabetic Clinic of the Out-Patient Department of the Montreal General Hospital. This clinic is held every Thursday afternoon. One or two physicians, a dietitian and a technician are always in attendance at these clinics. Each patient reporting to the clinic brings a specimen of urine which is analyzed for sugar and acetone by a more delicate test than the one taught the patient. At frequent intervals the blood sugar is also computed. It is not necessary for some patients to report more than once in three or four months, but some must report every week. Cases requiring insulin are checked very carefully each week. Very often patients who have failed to keep to their diet, return to the clinic. They have listened to friends who have advised them to eat various breads or other foods that are so-called diabetic. Sometimes these breads are made from "dietetic" not "diabetic" flour, but this is a discrimination which they have been unable to make. In such cases we must re-educate the patient and teach him to forget the undesired outside interference.

New cases of diabetes also come to the Diabetic Clinic. Some of these are recommended for admission to the hospital,

others are given instruction which enables them to care for themselves at home. In some cases it is impossible for patients to come into the hospital for treatment, as they have children or other dependents whom they cannot leave. The hospital does not permit lack of finances to bar any needy case. If the patient cannot pay for his treatment, he receives it just the same, in cases of necessity. The social service department of the hospital investigates such cases and reports on them. The follow-up work on diabetic cases is essential. In this way only, many diabetic complications may be avoided. The unguided patient unwittingly brings upon himself carbuncles and other infections, by carelessness in adherence to his diet. Many cases of diabetic gangrene are avoided by education of the patient.

CO-OPERATIVE BUYING*

A. J. Swanson, Christie Street Hospital

" 'Co-operative' or 'Centralized Buying' as it is very generally known, as I understand the term, means in individual organizations the buying of all supplies through a central office, or the amalgamation of a number of industries or institutions for the purpose of buying supplies common to all through a central control, so that advantage may be taken of bulk discounts and wherever possible direct dealing with the manufacturer. I will try very briefly to show some of the decided advantages of that method, and also in fairness to any discussion you may have, one or two of the obvious obstacles.

"If my remarks do not appear to be particularly applicable, or if any illustrations I may use do not speak for themselves, the fault will be mine, as it will merely mean that I have chosen poorly from the wealth of material available.

"It is a very simple matter for large industries, Government departments or municipalities with a number of branches using like supplies, to apply the principle of consolidated buying, owing to the fact that one board controls the activities of all branches and can lay down a definite policy to be adopted, and specify quality of material to be used.

"The Department of Soldiers' Civil Re-establishment has adopted this method in the carrying out of a large part of their purchases for the different hospitals and workshops in the Dominion. As part of our system we operate two central stores in Toronto; one for the supply of all drugs, dressings and minor surgical appliances; the other for the supply of all raw

*Read at the Ontario Hospital Association Meeting in Toronto, October 3, 1924.

materials and partially processed parts for use in our orthopedic shops. These stores supply all units of our organization in the Dominion.

"The system adopted is very simple. At specified times (every three months) stores are reviewed, and after the requirements of all units have been taken into consideration, a purchase requisition is made up and passed to the purchasing agent for action. This requisition indicates the quantity required, the amount on hand and the average monthly consumption. Requisition is passed sufficiently far ahead to allow for ample time for the calling of tenders, placing of orders and the delivery of goods, without any danger of institutions running short of supplies.

"When requisitions are received by the purchasing agent, 'Quotation Requests' are immediately drawn up and sent out to the various sources of supply. On receipt of tenders they are all scheduled on a form provided for that purpose. This form indicates each item; the firms tending, and opposite each item the quotations received. Right here we have an excellent example of the value of competitive buying, as a review of most schedules will indicate a spread of from ten to twenty-five per cent. on items of identical quality, many of them trade-marked. We include a clause in our quotation request stating that bulk prices will not be considered, and ask that each item be quoted on separately. In this way we may, if advisable, take advantage of the lowest quotations on each item.

"This method of purchasing applies to items which are common to all our institutions and orthopedic shops, and which are purchased in quantities. On all these items delivery is made to our central stores and distribution made to our various units from that point.

"We also purchase certain items in bulk, which we do not carry in central stores. When quotation requests are sent out we call for shipment of various quantities to each of the hospitals mentioned. In this way advantage is taken of bulk prices, without the necessity of re-shipping. This refers to such items as linen, cutlery, crockery, tea and clothing. I mention this method, as it may have some bearing on your plan.

"The advantages of this method of buying are obvious. Instead of each institution buying small quantities of the various items, as required, from the most easily accessible source of supply, large purchases are made, so that our business is attractive to the manufacturer; bulk discounts are obtained; discounts for prompt payment are taken advantage of, and

fewer purchase orders are written, with a resultant decrease in the number of delivery slips and invoices, which must be checked and passed for payment. Quality is readily checked immediately on receipt, before any issues are made, and if any adjustment is necessary it is made with a minimum of trouble.

"It is a fact that very definite price concessions are made as the quantity purchased is increased. The first thing a salesman inquires, when you ask for a quotation, is the quantity required.

"A year or so ago we were advised to delete certain items from our list for supply from central stores, and arrangements were made for these supplies to be purchased locally in each unit. It was a matter of a very short time until we were asked to reinstate the items in question, as it was found that the saving by bulk purchase amounted to from twenty to forty per cent.

"As centralized purchasing has proved itself in industry to such an extent that practically all firms of any size have adopted it, so it is now being adopted throughout the country in municipal, provincial and federal governments. The most conservative estimates place the savings at from ten to fifteen per cent. by this method. I would like to quote here from an address by Mr. Henry C. Wright, Director of the Hospital and Institutional Bureau of Consultation. The general subject for discussion was 'How to Save Money In Buying.' Mr. Wright's remarks referred particularly to centralized buying as applied to certain state-controlled institutions. During his address, which was antagonistic to centralized buying, he stated that certain savings could be made under the plan, but at best they would not amount to more than ten to twenty per cent. Let us reduce his estimate to five to fifteen per cent., and I leave it with you if that is not a fairly strong argument in favor of centralized buying. Apply a saving of that amount to even a small institution, and I think that it would be very acceptable.

"On a survey recently carried out by the National Association of Purchasing Agents in cities where centralized buying is now in operation, a comparison was made of savings over the old method of non-centralized buying. Comparison was made on articles where there had been very little fluctuation, and in no case were examples chosen to exaggerate the case for controlled buying.

"On the articles listed, which cover a wide variety, the saving shown is from seven to forty-seven per cent., on articles of similar quality, many of them trade-marked. Most of this saving can be attributed to the difference in quantity purchased,

and to the competitive tenders under a centralized plan. With only moderate success centralized purchasing may be counted upon to show savings of from five to fifteen per cent.

"You will note that the success of this method of buying depends absolutely on the control exercised. That is, all units working through any of the central offices mentioned are part of the one organization, so that the governing head of any of these organizations can lay down the quality of materials to be used and all branches will abide by that decision.

"In an amalgamation such as you propose, however, you have a different problem, as each institution is controlled by a separate board of directors, with a superintendent responsible to the board for the administration of the institution. For some reason or other purchasing seems to be a prerogative which is rather jealously guarded by some officials, as they are of the opinion that they, or someone directly responsible to them, can purchase for their institution much better than an outsider. They are usually rather antagonistic to any plan which would tend to take this power away from them, and some are inclined to be suspicious when any attempt is made to substitute a different brand to that which they have been using.

"Under any plan of co-operative buying, which might be adopted, the first thing that would be necessary would be the standardization of quality. Run over in your mind the many different brands of gauzes, cottons, disinfectants, and bandages, many of them of excellent quality, and then think of the likes and dislikes of some hospital officials towards certain of these lines and you will readily see what a time a purchasing agent would have trying to keep everybody happy.

"Bear in mind, too, how often goods are bought against sample, or a certain quality is specified on order, and then when shipment is received and checked a difference in quality is apparent. It will easily be seen what an amount of adjustment would be necessary if goods of this nature had been delivered to the various institutions in your pool. In some cases complete shipments are returned, which might result in some institutions being out of stock when it was urgently required, which would mean going into the market for a rush supply at an increase in price.

"To show that this is no exaggeration, and is something which a purchasing agent cannot prevent, let me give an illustration: We made a purchase of 4,000 lbs. of absorbent cotton, the shipment coming in from England. On receipt, it was immediately checked with sample, against which purchase

had been made, and it was found to be of inferior quality. Shipment was refused and the firm supplying immediately made an offer in adjustment, reducing the price twenty-five per cent. This we refused to accept, however, as the grade was not suitable, and it was necessary for us to go into the market again for this material.

"Again, an order for 4,000 lbs. of tea was placed for one of our institutions. It was bought from sample which was submitted with tender, and which was of a quality suitable for our use. On delivery shipment was checked with balance of sample, which had been retained, and found to be of an inferior grade. On sending a sample from the shipment to the seller, it was admitted that the tea was not up to sample and the whole shipment was returned and replaced with suitable grade.

"In both these instances the purchasing agent had bought a satisfactory grade from samples which had been submitted, but the vendor did not live up to his contract. Although no blame could be attached to the purchasing agent, the point is, that adjustment was necessary.

"It is bad enough to have to make adjustments for one central store, but where several different institutions are concerned, then the trouble is magnified many times.

"There is another point which may or may not affect your institution. The practice is, I believe, for the local tradesmen to support, in many ways, the institutions in their municipalities. In return they usually like to receive, in so far as possible, business from that institution. Under a central plan of purchasing much of this business would go to the large centres, and some unpleasantness might result, and I presume few institutions can afford to have support withdrawn from them these days.

"I have merely tried to touch on some of the savings which might be made, and one or two of the drawbacks which may or may not be serious. It all depends on the form of your amalgamation and the authority given your central office. The difficulties are not by any means insurmountable, but they exist.

"As the sole thought behind any such consolidation is the possibility of saving money, perhaps I may be pardoned for touching on one or two ways whereby individual institutions, without any central plan of purchasing, may make very definite savings. That is, by means of: first, bulk contracts, with deliveries spread over a considerable period; second, concentration of purchases; third, proper specification of quality;

fourth, monthly contract system for your main items of commissary.

"Many firms will now make contracts for their various lines, giving very attractive prices, provided you take a fairly large quantity of any one line. Total quantity does not have to be taken at any one time, however, as deliveries will be spread over, in many cases, a year; the goods to be paid for only as delivered. In this way these firms tie you up to their line for at least a year, and you, on the other hand, get every advantage of large quantity prices.

"Concentration of purchases is a very fertile field for economies. In many institutions the practice is to buy only as required. When the storeman scrapes the bottom of the flour bin he decides that it is about time to pass a requisition for purchase. He makes a hurried survey and any other items which are plainly apparent as being low are added to his requisition, usually with a notation to rush delivery. This haphazard way of doing things makes for higher prices paid, more time lost interviewing vendors, or securing prices by phone, more documents being passed increasing clerical work, and above all a shortage of goods when they are urgently required. It is a very easy matter to instal a simple set of store cards; a card for every item in stores, showing the quantity received, issued, and balance on hand, together with the last price paid. This information is often of vital importance to hospital officials, and cards are very easily kept up by the storeman in addition to his other duties. With these cards in existence it is a matter of a few moments, once a month, for whoever is in charge of stores, to run through these cards, make up a requisition for all items which will be required, and pass it through for action. Requests for prices are then sent out, tenders received, and orders written, without any loss of time. This simple system will soon save you a great deal of time, which is lost at the present time, interviewing salesmen, even though it is only applied to commissary and general cleaning supplies, as salesmen will soon appreciate that your purchases of these lines are made on or about a certain date each month, and that your written request will reach them at that time. I do not, of course, refer to perishables which are only purchased as required. By this method prices are carefully reviewed before purchase is made, so that every advantage is taken of competitition. Your orders are larger and more attractive to vendors and when it is seen that competition is being secured, better prices will be quoted.

"A careful study of the requirements of any particular branch of your institution, and specification of the most satisfactory quality for that job, will, in many cases, mean substantial savings. This does not always mean the highest quality, but the most satisfactory quality for the work. After this quality has been decided upon you can then purchase according to established principles: *quality, service* and *price.* I place price last advisedly, although I know that to some people it is the whole fruit. But, without the proper quality for your purpose price means nothing, and unless you get your goods when they are required, the lowest price possible would be useless to you. It should be remembered, too, that the fact of poor quality will be brought forcibly to mind, long after the low price paid is forgotten.

"It is absolutely essential that the required quality be mentioned on all requests for price, and particularly on your purchase order. Bear in mind that practically everything you buy may be supplied in different qualities, and by not specifying the grade required you may be sure that different firms will quote on different qualities. This makes it absolutely impossible for you to compare prices and values, besides doing an injustice to reputable salesmen who may lose business by quoting on a better quality than required, whereas they may have been in a position to quote very favorably on a lower grade. It will pay dividends, too, for the purchasing agent to check over shipments from time to time for quality. You may be sure that your store's staff will check for quantity, but do not be too sure that they will check the quality which you have specified on your order. I will give one illustration of this, which will both indicate why you should purchase a definite quality, and also why it pays to check deliveries very carefully: Most of you are interested in the purchase of bituminous coal. You do not buy so much coal, however, but so much heating value; and it is so essential to arrive at a proper value that you ask for analysis of the coal which contractor intends supplying. These analyses give you something definite to compare, as the amount of ash, moisture and sulphur, and the number of B.T.U.'s will very decidedly affect your purchase, as analysis and price are what you must compare, and not price alone. If your requirements are large, check quality by means of an independent analysis, now and then—it may pay.

"On a recent order for a quantity of coal for one of our institutions we carried out an analysis on the first twenty-four cars. The determinations were so far below those specified on

the tender and embodied in our order, that penalties amounting to twenty per cent. of the face of the invoice were imposed. We, by the way, in addition to buying coal by analysis include a penalty and bonus clause in our specifications. You will readily see who the loser would have been had the quality not been carefully checked. As the order amounted to in the neighborhood of 5,000 tons, it will be appreciated that the loss would have been very heavy, and would have offset many savings on other lines if steps had not been taken to protect ourselves. We are now getting the grade called for.

"Monthly contracts for such items as meats of all kinds, bread, butter, eggs, fish, and longer contracts for milk and cream, are no doubt familiar to you all. This method, if the contracts are let on a strictly competitive basis, makes for a very substantial saving. Quality is, of course, protected by your specification.

"Contracts are very easily handled and are great time-savers during the month, as prices are set and it is only necessary to order as required. Invoices are submitted once a month, which are easily checked against receipts and passed for payment.

"I know that in those institutions where the buying is done by some official already loaded with other duties, the tendency is to subordinate purchasing to the other work, as being of minor importance, and no doubt many of my remarks will be considered as so much red tape, or perhaps not applicable to a small institution. I do not agree with that view, as I have merely tried to outline some of the sound principles which should apply to every purchasing transaction, no matter how small or how large. The only difference will be in the amount of saving made.

"My own opinion is, that if there is proper supervision of the purchasing of goods, careful check of them as to quality, and an efficient system of issue, in each institution, then there will be a gradual reduction in hospital costs, and the red figures on your balance sheet at the end of your year will perhaps be replaced with black, which, after all, is what every hospital official strives for."

Mr. Parr, of Toronto General Hospital followed. He said:

"The subject of co-operative buying, on which I have been asked to make a few remarks, is one in which I am greatly interested, and would like very much to see it tried out. In my experience of buying for the Toronto General Hospital I am quite sure if an organization could be formed with a central purchasing bureau, a large amount of money could be

saved for each institution. The smaller institutions would benefit more than the larger ones.

"In order to get the very best results in an organization of this kind it would be necessary to standardize the main supplies. This would take some time, but should not be difficult to accomplish.

"Just here I would like to give you a small example of what standardization and buying in large quantities would mean. The articles I have in mind are syringes. At one time we were using three different styles, each taking a different type of needle. The metal syringe required a standard thread needle, the record, a record needle and the luer a luer needle. We procured the metal syringe with luer tips; this reduced the styles to two, we went a little further and had the records made to our order with the same tips; this meant that we only had to carry the one style of needles in stock, placing us in a position where we can go to the manufacturers with a large order of different gauges and lengths and saving at least forty per cent. on our purchase. There is also another advantage in this that when a doctor or nurse picks up a syringe and needle there is no doubt about the needle fitting, it also does away with the use of adapters.

"I would like to mention now a few articles from different departments in the hospital on which I feel sure large savings could be made by co-operative buying.

"Take electric light bulbs—I am speaking of grade "A" Canadian-made lamps. The list price for these is the same with all manufacturers, but on contracts for $1,000 quantities, taken during the year, they allow you a certain discount; on $2,500 the discount is much better. This is about the limit which any hospital in Canada will use but if the hospitals could agree on any one make of lamp and make a $10,000 or $20,000 contract, the discounts would be a great deal better.

"X-ray films and plates—These we cannot buy direct from the manufacturer, but as we are probably the largest users of these in Canada, we enjoy a particularly good discount. This I believe could be arranged for the smaller hospitals through co-operative buying.

"The price on gauze depends altogether on the quantity you contract for—the manufacturers quote prices on 1,000, 10,000, 25,000 and 50,000 yard lots; above this you have to ask for special quotations; these special prices are often very interesting.

"Adhesive plaster is used to a great extent in all hospitals and can be bought to much better advantage in 500 to

1,000 roll lots; this can be taken out as required within a stated period.

"Chemicals and pharmaceuticals can be purchased direct from the manufacturers at a great saving if the quantities be large enough.

"I would also like to mention sheets, mattresses, blankets, pillow-cases, and spreads; as all hospitals use beds of uniform size, it would be a very simple matter to standardize these articles, and co-operative buying in these lines would mean a great saving.

"There would be no trouble at all about standardizing food supplies. There would be, through an organization of this kind, opportunities of special prices for ordering in such vast quantities. A great deal would depend on how the different hospitals paid their accounts; all purchases made through the organization would have to be paid promptly in order to get the best results.

"In the *Modern Hospital* issue of July, 1923, there is a good article on Cleveland Hospital council's co-operative purchasing service. The matter of payment of accounts is taken care of by a special purchasing fund which they have created and when a hospital fails to take advantage of a cash discount, the council pays the account and takes the discount. The earnings of the fund from this source have been considerable and although the fund is not large it has been used to pay accounts amounting to $165,000 in a single year.

"There is also an editorial on this subject (in the same issue), entitled, 'Some Fallacies In Co-operative Buying' which is very interesting.

"In closing let me say that these few articles which I have mentioned are only a few of very many that I could name and explain why we could purchase to better advantage co-operatively."

Society Proceedings

THE SASKATCHEWAN HOSPITAL ASSOCIATION

The Sixth Annual Convention of the Saskatchewan Hospital Association was held in the Council Chamber, City Hall, Regina, Sask., on Wednesday and Thursday, 3rd and 4th September, 1924. Forty-five delegates registered, and in addition we had several guests and representatives from the Department of Public Health of the Province. The delegates represented twenty-five hospitals.

The business was commenced at 10 a.m. on the 3rd, and all the reports presented showed the Association to be in a sound position from the point of view of work accomplished and financially.

A very interesting paper had been prepared by Dr. F. C. Middleton of the Department of Public Health, dealing with the work undertaken by the hospitals in the Province, and showed that in all departments, the numbers availing themselves of hospitals for care and treatment were on the increase and the mortality rate consequently decreasing. The report further showed that various new phases of work common to hospitals was being attempted with success. Charts and statistics were on hand for the use of delegates and proved very informative.

The last paper of the morning session was very well taken care of by Mr. M. N. Dawson, Manager, of the Regina General Hospital Laundry, who gave his opinion of how hospital linen could best be handled and conserved by proper washing methods. This paper provoked considerable discussion, and Mr. Dawson had many questions showered upon him for reply.

The formal opening of the Convention took place at 2.15 p.m., by His Worship, Mayor Burton, of Regina, and same was replied to by Mr. Howard Jones, of Lloydminster Hospital, Lloydminster, Sask.

The address "The Law as it relates to Rural Municipalities and Hospitals," by G. F. Blair, Esq., City Solicitor, Regina, Sask., was next on the programme and was eagerly looked forward to by all, as it dealt with a very present-time subject in this Province. He treated all the points very lucidly, and the discussion which followed brought forth some very trying

and troublesome points to hospital administrators. This paper went far past the allotted time, inasmuch that there was only time left to deal with "Nursing Problems," which subject was very ably led and discussed by Sister Katherine, Holy Family Hospital, Prince Albert, Sask.

No evening session had been planned, but the time was spent by the various committees appointed to look after Resolutions, alterations to By-laws, etc.

On the morning of the 4th September the session was given over to the various reports, etc., being presented. A Round Table on "Administration Problems," was very ably conducted by Dr. M. R. Bow, Superintendent, Regina General Hospital, and this took up the remainder of the morning session. The delegates were driven to the Regina General Hospital, where they were the guests of the Board of Governors of that institution at lunch, and were also shown round the hospital.

Owing to the non-arrival of Dr. M. M. Seymour,* Deputy Minister of Public Health for the morning session, his address was the first on the programme, and the delegates listened with interest to his remarks on the hospital situation of to-day. Dr. Seymour emphasised very clearly the work which this Province was attempting, and the assistance which they at all times were willing to give to any hospital or community requiring assistance. He made mention of the erection of several Union Hospitals in various parts of the Province, and that they were filling a very great need. He intimated that very shortly a supply of the new antitoxin for scarlet fever would be on hand, and that hospitals could secure same for their needs.

Through very good fortune, the Association were accorded the pleasure of once again hearing Dr. M. T. MacEachern, of the American College of Surgeons, who had very kindly made a special trip back from Winnipeg to take part in the convention. He very ably conducted a Round Table which was full of up-to-date problems in hospital administration and in all topics of discussion some very helpful remedies and suggestions were brought out. It was the feeling of the Association that Dr. MacEachern had just brought that much-required enthusiasm into the gathering.

A dinner was held at night in the restaurant of the Regina Trading Co., when the Association had as their guests all the delegates, Dr. MacEachern, Dr. M.M. Seymour, and some of the medical men of Regina City. Mr. G. E. Patterson, president of the Sasatchewan Hospital Association occupied the chair, and in the course of his remarks expressed the Association's thanks to Dr. MacEachern for his very valuable assistance at this convention.

*Dr. Seymour's address was read by one of the other members present.

Dr. MacEachern was the principal speaker, and he took the opportunity to point out in detail the work of the American College of Surgeons in their survey of all hospitals and the work which was being done in preparing approved lists of hospitals and the benefits to be derived from being on the approved list. Many phases of the work of the American College of Surgeons was explained to the assembly and should prove of benefit to all who heard him, and also to the communities, as his remarks were reported in the Regina newspapers and would find their way into the homes of the Province. Many other speakers took part in the proceedings in short speeches.

The following resolutions were placed before the Association and the Secretary instructed to forward them to the Government for their attention:

1. Whereas after mature consideration it is the concensus of opinion that the recent Order in Council requiring nurses in training to take a three months' course at the sanitorium prior to graduation is impracticable, and if enforced will be most damaging to the interests of the hospitals concerned. Therefore be it resolved that this Association respectfully requests that this Order in Council be not enforced.

2. Whereas the actual service required for indigent cases often demands the use of Operating Room, X-ray, etc., in addition to the usual bed and nursing service, be it resolved that we request that the Government further amend Section 198 and 199 of the Rural Municipality Act by adding after the words "$2.50 per day"—"Ward fees, and fees for necessary extras as drugs, operating-room fees and X-ray fees."

3. Whereas there are a number of patients in the hospitals who are aged, infirm or otherwise who are not proper hospital cases. Therefore be it resolved that the Department of Public Health be requested to remedy this situation by taking such action as will bring the required pressure to bear that adequate provision be made for this class of people by the Province.

Alterations suggested to By-Laws of Association were left in the hands of a committee appointed.

The next Convention to be held in Saskatoon, Sask., the time and place to be left in the hands of the executive committee.

The following officers for the ensuing year were appointed: Hon. President, Hon. J. M. Uhrich, M.D., Minister of Public Health; President, Mr. G. E. Patterson, Regina; 1st Vice-President, Mr. Howard Jones, Lloydminster; 2nd Vice-President, Mr. H. W. Cookson, Weyburn; 3rd Vice-President, Mr. A. Caswell, Maple Creek; Sec.-Treas., Mr. T. T. Murray, Saskatoon.

AMERICAN HOSPITAL ASSOCIATION

(Completed from November Hospital World)

"The chief shortcomings in the treatment of cancer patients in hospitals," Dr. Boas asserted, "are that the patient is treated too exclusively by an individual specialist and disregarded by the hospital after his discharge."

Insulin, the recent discovery for the cure of diabetes, was asserted not to be a cure at all in the report of Dr. F. R. Nuzum, head of the Santa Barbara hospital, Santa Barbara, Cal. Insulin, he explained, however, is an effective agent in counteracting diabetes and in restoring chronic invalids to fair health. Insulin, he added, has made possible operations which were heretofore hazardous in diabetes.

"A further use for insulin," he reported, "has been found in the treatment of chronic surgical infections in non-diabetic patients. Physicians are at work trying to solve the problem of administering insulin orally instead of through injections as in the present method. They also seek a means to manufacture the substance at lower cost so it will be available to all."

Insulin, according to the physician, is an activating substance which when added to the body of a diabetic patient in proper amounts causes sugar to be absorbed and permits the patient to be properly nourished. It was discovered by Dr. Banting and Mr. Best, under direction of Professor Macleod of the University of Toronto, when they isolated a substance from the pancreas.

Some of the hospital statistics of the United States and Canada as recited by Dr. A. D. Warner, secretary of the association, show that there are on the average of 600,000 persons of the two countries in hospitals each day. The annual expenditure is $1,000,000,000 annually. There are 600,000 persons employed in hospitals on full time and perhaps 500,000 more who are employed only part of the time. The value of hospital buildings in the two countries is estimated at $3,200,000,000.

The treatment and care of psychopathic patients was discussed by Dr. George F. Stephens, of Winnipeg. In few medical fields, said Dr. Stephens, has such great advance been made as in the care of the mentally ill. Many people to-day, he said, who a few years ago would have been placed in an asylum and kept there, finally becoming incurably insane, have been restored to mental health by proper care and treatment. Dr. Stephen urged that psychopathic wards be installed in every hospital as a means of saving many from asylums and from a life

worse than death. He also urged a greater group study of mental diseases.

The Buffalo City Hospital was mentioned as one of the pioneers in the field of hospital care for mental diseases, and Dr. Walter S. Goodale, superintendent, was praised for his efforts to further the study of such diseases.

Among the exhibits, which, it is said, cost $1,500,000, was one by the Buffalo Public Library, showing what books may be easily handled in bed and numerous other phases of a complete hospital library. This exhibit was prepared at the request of the Medical Association. There is also an exhibit of the work of the local social service agencies and the District Nursing Association.

Tuesday evening at the Statler, the director of Mount Sinai hospital, New York, Dr. S. S. Goldwater, told the drama of hospital origins. He said:

"At the root of all human institutions, hospitals among the rest, lie thoughts and emotions. It may be interesting to consider the nature of the ideas from which hospitals have sprung.

"The National Hospital for the Paralyzed and Epileptic of London is known to historians as the creation of Johanna Chandler. A journeyman carpenter, who lived near Miss Chandler, was stricken at his work and was carried home to be nursed by his wife, a wreck of a woman in the last stages of consumption, encumbered by the care of four small children. Miss Chandler found that among all the hospitals of London not one would open its doors to a case of that sort.

"For the medical treatment of the victims of paralysis and the many affections of the nervous system, not even the metropolis made one iota of provision. And so, through the great pity and devotion of Johanna Chandler, the four walls of the Hospital for the Paralyzed and Epileptic were raised and the machinery which she set in motion is still working wonders."

In contrast with the gentle sympathy of Miss Chandler, Dr. Goldwater pointed out hospitals with entirely different origins. He protested with vigor against the tyrannical millionaire who "brushing aside impartial and sensible advice, insists upon the erection of a monumental hospital which the community does not need and which it is unable to maintain."

Dr. Goldwater admitted that Christianity greatly intensified the emotions of love and pity and gave a new establishment of hospitals. "Even as far back as the third century B.C., King Asoka in India decreed the establishment of hospitals," he added.

A turn is being observed in America toward hospitals for the middle classes, whose need is asserted to be greater than that of the pauper. The American nation, he stated, has rallied to a liberal support of mental hospitals. The Speaker criticized the hospital which is regarded as good business, "whose thoughts are merely venal, whose activities are not suffused with uplifting human emotions, and which, therefore, does not merit a place in the company of the blessed."

The speaker praised the work of many of the medical missionaries. "There is a sense in which missionary hospitals and military hospitals faintly resemble each other," he said. "Each is primarily concerned with something beyond and different from the cure of the individual patient.

"Fundamentally, the goal of the hospital is unattainable," he concluded, "for if death be the enemy the aim of the hospital is no less than to confer immortality. Let us bow our heads in reverence to the memory of Father Damien, who succored the outcast leper; let us praise Florence Nightingale who made hospitals safe for the sick; let us be grateful for the presence among us to-day of a multitude of men and women who, without thought of self, dedicate their lives and their fortunes to the services of the sick, the halt and the blind."

THE FIRST INTERNATIONAL CONFERENCE OF CATHOLIC NURSES

The International Catholic Guild of Nurses was organized in Milwaukee, Wisconsin, June 28th, 1924. The first international conference of Catholic nurses, which was just concluded at Spring Bank, Okauchee, Wisconsin, headquarters of the Catholic Hospital Association, has exceeded all expectations in point of success. The conference was attended by registered nurses from some twenty localities, eleven States being represented besides Canada and Ireland.

On the evening of June 21st, a retreat was begun for graduate nurses, conducted by Reverend E. F. Garesché, S.J., General Spiritual Director of the International Catholic Guild of Nurses. Following the retreat, a series of organization meetings of the Guild were held at which both the constitution and by-laws were carefully discussed, article by article, and amended by a majority vote, where required.

After the adoption of the constitution and by-laws, an election was held for the international officers. Miss Katherine McGovern, R.N., of St. Mary's Hospital, Minneapolis, Minn., was elected president of the Guild; Miss Loretta Mulherin,

St. Joseph's Hospital, Denver, Col., first vice-president; Miss Mary Sullivan, of St. Luke's Hospital, Aberdeen, South Dakota, second vice-president; Miss Mary Dorais, St. John's Hospital, St. Louis, Mo., secretary; Miss Evelyn Shea, St. Francis Hospital, Blue Island, Ill., treasurer. The following chairmen of committees were also elected: Educational Committee, Miss Loretta Mulherin, St. Joseph's Hospital, Denver, Col.; Art and Industrial Committee, Miss Leah Stimson, Spring Bank, Okauchee, Wis.; Entertainment Committee, Miss Mary Dorais, St. John's Hospital, St. Louis, Mo.; Auditing Committee, Miss Mary Sullivan, St. Luke's Hospital, Aberdeen, South Dakota; Press and Publication Committee, Miss Blanche Adkinson, St. Mary's Hospital, Minneapolis, Mo.; Library Committee, Miss Mable Knoll, Mullanphy Hospital, St. Louis, Mo.; Guild House Committee, Miss Ana Schemmer, Spring Bank, Okauchee, Wis.; Sodality Committee, Miss Marcella Heavren, New Haven, Conn.; Retreat Committee, Miss Rose A. Harten, Misericordia Hospital, New York City, N.Y.

The International Catholic Guild of Nurses will be made up of individual memberships, registered nurses forming the voting and office-holding body. The purposes of the guild are to associate Catholic nurses together for their individual and professional welfare and to work for the interests of the nursing profession. An international headquarters was decided on, and an annual convention will be held to promote the purposes of the guild. Great enthusiasm and a fine spirit of co-operation were manifested by those present, and the beautiful surroundings in which the meetings were held, on the green shores of Lake Oconomowoc, helped to increase the spirit of friendliness. All left the meetings resolved to work actively for the great purpose of the guild and to continue the spirit of co-operation and kindliness in which its activities were begun.

Those who wish to join the guild are invited to send their dues, with names and addresses, to the International Catholic Guild of Nurses, Room 204, 610 Sycamore Street, Milwaukee, Wis. Catholic nurses may become voting or general members, and non-Catholic nurses may be associates by paying $3 annual dues. This gives a right also to membership in the Catholic Hospital Association and a subscription to *Hospital Progress*. Any one may become a sustaining member by paying $10 per year, and contributors make a donation of at least $100.

THE MANITOBA HOSPITAL ASSOCIATION

This live organization (in conjunction with the American College of Surgeons), held its 1924 Convention on September 2nd and 3rd. There was a very gratifying attendance and a great deal of interest was aroused in many of the papers read and discussions held. We had hoped to give our readers the benefit of a detailed account of the meeting, but the following is the programme that was carried out, almost in its entirety:

TUESDAY, SEPTEMBER 2ND, 1924—MORNING SESSION AT MANITOBA MEDICAL COLLEGE.

9-10 a.m. Registration.

10 a.m. Minutes of last annual meeting; Secretary's report; Treasurer's report; Appointment of committees; Presidential address: Dr. A. B. Alexander.

"Are existing hospital grants adequate for present standard of hospital service demanded?"—Dr. George F. Stephens.

AFTERNOON SESSION AT FORT GARRY HOTEL.

2 p.m. Joint meeting with the American College of Surgeons. Chairman's remarks.

PART ONE.

"The Organization of the Professional Services of a Hospital": Malcolm T. MacEachern, M.D., Chicago; Associate Director, American College of Surgeons, Director of Hospital Activities, President, American Hospital Association.

"The Hospital and the Doctor as Co-operating Factors in Diagnoses": Allan D. Craig, M.D., Chicago; Associate Director, American College of Surgeons, Director of State and Provincial Activities.

"The Hospital Trustee and his Responsibility": J. S. Hough, K.C., Winnipeg; President, Board of Trustees, Winnipeg General Hospital.

"Improvement of Saskatchewan Hospitals under Standardization of the American College of Surgeons": M. M. Seymour, M.D., Regina; Deputy Minister of Public Health, Province of Saskatchewan.

PART TWO.

"Essential Features for the Organization and Maintenance of Clinical Services in Hospitals":

(*a*) Internal Medicine: William Chestnut, M.D., Winnipeg; Associate Professor of Medicine, University of Manitoba Medical College, Regent, American College of Physicians.

(*b*) Ophthalmology and Oto-Laryngology: W. Harvey Smith, M.D., Winnipeg; Professor of Ophthalmology, University of Manitoba Faculty of Medicine; Ophthalmic Surgeon, Winnipeg General Hospital.

(*c*) Obstetrics: O. Bjornson, M.D., Winnipeg; Associate Professor of Obstetrics, University of Manitoba Faculty of Medicine; Chief Attending Obstetrician, Winnipeg General Hospital.

PART THREE.

Round Table Conference and General Discussion. Hospital Standardization and End Results.

PUBLIC COMMUNITY HEALTH MEETING.

This meeting was held in the Central Congregational Church, Hargrave Street, corner of Qu'Appelle, 8 p.m., to 10 p.m. James McKenty, M.D., Winnipeg, presiding. Chairman's remarks.

"The American College of Surgeons and the Care of the Sick" (illustrated): Malcolm T. MacEachern, M.D., Chicago; Associate Director, American College of Surgeons; Director of Hospital Activities; President of the American Hospital Association.

"The Present Status of Medical Education and its Relation to the Public": S. Willis Prowse, M.D., Winnipeg; Dean of Faculty of Medicine and Professor of Clinical Oto-laryngology, University of Manitoba; Senior Surgeon, Ear, Nose and Throat Department, Winnipeg General Hospital.

"Human Salvage": Carl A. Hedblom, M.D., Madison; Professor of Surgery, University of Wisconsin Medical School; Surgeon-in-Chief, Wisconsin General Hospital, Madison.

"The Hard Lot of the Cancer Patient": Robert C. Coffey, M.D., Portland, Oregon; Chief Surgeon, Portland Surgical Hospital.

"Health Ideals and Scientific Medicine": Allan Craig, M.D., Chicago; Association Director, American College of Surgeons; Director of State and Provincial Activities.

WEDNESDAY, SEPTEMBER 3RD, 1924—MORNING SESSION AT THE MUNICIPAL HOSPITALS NURSES' RESIDENCE.

9.30 a.m. Nursing Section—Miss M. E. Martin, presiding. Round Table Discussion (under the following):

(*a*) "The Nursing School and the Minimum Requirements Under the Act"—Miss C. McLeod.

(*b*) "The Affiliated Course"—Miss J. Houston.
(*c*) "Travelling Teachers"—Miss J. Wilson.
1.00 p.m. Luncheon—Guests of Municipal Hospitals.

AFTERNOON SESSION AT MUNICIPAL HOSPITALS.

2.00 p.m. Address by Dr. D. A. Stewart; Round Table Conference; Submission of Resolutions; Report of "Committee for Revision of Constitution;" Report of Nominating Committee; Election of Officers.

The officers elected for 1925 are as follows: President, H. N. McNeil, Dauphin, Man.; Vice-President, Miss J. Purvis, Portage la Prairie, Man.; Secretary, Dr. D. McIntyre, Municipal Hospitals, Winnipeg, Man.; Treasurer, Dr. T. G. Hamilton, Winnipeg; Auditors, Dr. Geo. Stephens, Winnipeg General Hospital, Miss Mary Martin, Winnipeg General Hospital.

OFFICERS AND EXECUTIVE.

Hon. President, The Hon. John Bracken (Premier of Manitoba); President, Dr. A. B. Alexander, Winnipeg (Medical Superintendent, Municipal Hospitals); Vice-President, Mr. H. N. McNeil, Dauphin; Acting Secretary, Dr. Dougald McIntyre, Winnipeg (Asst. Medical Superintendent, Municipal Hospitals); Treasurer, Dr. T. Glen Hamilton, Winnipeg.

REPRESENTATIVE FROM THE FOLLOWING HOSPITALS:

Winnipeg General Hospital, Dr. Geo. F. Stephens; Children's Hospital, Winnipeg, Mrs. P. C. Shepherd; Dauphin General Hospital, Mr. H. N. McNeil; Souris and Glenwood Hospital, Mr. W. C. Box; Neepawa General Hospital, Mr. S. Benson; St. Boniface Hospital, Dr. J. P. Howden; Selkirk General Hospital, (Unnamed); Virden General Hospital, (Unnamed); Minnedosa Hospital, (Unnamed); Freemasons' Hospital, Morden, Rev. M. C. Rumball; Brandon General Hospital, Mr. John Inglis; Portage la Prairie Hospital, Mr. E. A. MacPherson; Carman Hospital, (Unnamed); Ninette Sanatarium, Dr. D. A. Stewart.

ANNUAL MEETING OF THE MARITIME CONFERENCE OF THE CATHOLIC HOSPITAL ASSOCIATION

The Maritime Conference of the Catholic Hospital Association held its second annual meeting at Charlottetown, P.E.I., on July 9th, 10th, and 11th.

Many interesting and instructive papers were read, among which were:

"Tuberculosis," by Dr. H. A. Chisholm, Halifax, N.S.; "The Efficient Training of Nurses," by Sister Elizabeth Seton, R.N., Halifax Infirmary, Halifax, N.S.; "Occupational Therapy," by Sister M. Camillus, R.N., St. John Infirmary, St. John, N.B.; "Hospital Publicity," by Sister M. Carmel, R.N., St. John Infirmary, St. John, N.B.; "Dietetics," by Sister Foley, Hotel Dieu Hospital, Chatham, N.B.; "Serving of Trays," by Sister M. Elizabeth, St. Joseph's Hospital, Glace Bay, C.B.; "Operating-Room Technique," by Sister Marie, of Perpetual Help, R.N., St. Martha's Hospital, Antigonish, N.S.

Practical demonstrations were given by Sister Carroll, R.N., Hotel Dieu Hospital, Campbellton, N.B. These created earnest discussion. Methods were exchanged and discussed, new ideas were developed and each felt at the close of the meeting that she had learned much.

Dr. M. T. McEachern, Associate Director, A.C.S., addressed the conference on "Hospital Administration." He was also chairman at two Round-Table conferences, and imparted much information to his audience.

The sisters also attended one session of the meeting of the American College of Surgeons, which was being held on these dates.

At the closing session of the meeting the following officers were elected for the year, 1924-25:

President, Sister Carroll, R.N., Hotel Dieu Hospital, Campbellton, N.B.; Vice-President, Sister M. Gertrude, St. John Infirmary, St. John, N.B.; Secretary-Treasurer, Sister Kerr, R.N., Hotel Dieu Hospital, Campbellton, N.B. Executive: Sister M. Ignatius, R.N., St. Joseph's Hospital, Glace Bay, C.B.; Sister Walsh, Hotel Dieu Hospital, Chatham, N.B.; Sister Anna Seton, R.N., Halifax Infirmary, Halifax, N.S.; Sister M. Carmel, R.N., St. John Infirmary, St. John, N.B.

$140,000 FUND SUBSCRIBED FOR NEW BORDER HOSPITAL

O. E. Fleming, K.C., Chairman of the General Hospital Campaign Committee, at Windsor, announced recently that $140,000 needed for the fund had been subscribed. A similar amount was donated by Hiram Walker Sons, with the proviso that the municipalities contribute $250,000. By-laws to authorize debenture by-laws for this purpose will be submitted at an early date.

Canadian Hospitals

TO RECOMMEND PURCHASE OF EAST END HOSPITAL SITE

Establishment of an East Toronto hospital was brought a step nearer on November 12th, when the Board of Control decided to recommend to Council the purchase of a six-and-one-half-acre site at Sammon and Coxwell Avenues, the total price not to exceed $51,000. This action was taken at the request of the Toronto East Hospital Association executive, who stated that their option on the property would expire on Nov. 15th.

Joseph Harris, M.P., told the board that William McKay, the owner, had offered to donate an acre and a half to the hospital if five acres were purchased. Thus the city will receive six and one-half acres for the price of five. There is one house on the site, which will have to be taken over at a cost of $10,000.

WOODSTOCK HOSPITAL TRUST

E. W. Nesbitt has been elected President of the Woodstock Hospital Trust for the coming year, to succeed H. A. Little, who has occupied that position for the past three years. T. L. Hay was Vice-President last year, and has been re-elected to that position. The executive for the coming year will consist of these two officers and H. A. Little, with James Dunlop as Secretary-Treasurer.

BIRTHDAY PARTY FOR MISS SNIVELY

The nurses' residence of the Toronto General Hospital was the scene of a birthday party on November 15th, but no ordinary birthday party was this. Tastefully decorated with roses, chrysanthemums and other blossoms, the large main room was presided over by Miss Mary Agnes Snively, for many years superintendent of the training school for nurses in the General Hospital and one of the most distinguished members of the nursing profession on the North American continent. It was Miss Snively's birthday, and also the annual occasion upon which she again meets the many young ladies who graduated as nurses under her direction. Many children of the graduates of previous days accompanied their mothers on this occasion and many of them shyly crept forward carrying bouquets of roses almost as large as them-

selves to present to the smiling lady. Since the time Miss Snively took over the training school of the General Hospital more than 1,200 efficient young ladies have swelled the ranks of the nursing profession from that school. Of those about 500 are still active members of the alumnae association under whose direction the birthday party was given.

CITY HAS SPENT $1,845,000 ON HOSPITAL BUILDING

Figures placed before City Council of Toronto on November 17th showed that the municipality had made grants of $1,005,000 toward erection of hospitals in the past six years, and spent $840,000 in the establishment of municipally-owned hospitals, a total of $1,845,000. A recommendation was laid before the Council for the purchase of a site on Coxwell Avenue for an east end hospital at a cost of $51,000.

Money granted for hospital buildings in recent years includes the following: St. Michael's 1920, $100,000; General Hospital, 1920, $625,000; National Sanitarium, 1921, $155,000; Home for Incurables, 1921, $125,000.

Cost of construction of city-owned hospitals has been as follows: Isolation Hospital, $126,000; Reception Hospital, $424,000; Nurses' Home, $140,000; Measles Hospital (contemplated), $150,000.

The original Isolation Hospital is not shown separately in the records. Land was purchased in 1850 for Isolation Hospital, incinerator and laundry.

The above amounts do not include yearly grants to all the public hospitals to meet deficits on maintenance.

OLD MILITARY HOSPITAL IS BURNED AT KINGSTON

The old military hospital building, located on the shore of Dead Man's Bay, about a mile and a half from Kingston, and unoccupied for years, was gutted by fire on November 17th. The building, which is a stone structure, was used for about fifty years as a hospital for the permanent troops which were stationed in Kingston. At one time it was used as an isolation hospital. It belongs to the Department of Militia and Defence.

Book Reviews

First Steps In Organizing a Hospital. An Exposition of Ideals and Principles Incident to the Inception and Organization of a Hospital by Joseph J. Weber, M.A., Editor of "The Modern Hospital." New York and Toronto: The Macmillan Company. 1924.

The writer stresses the importance of making a survey of the community preliminary to constructing a hospital. He explains how to get citizens together, how to manage the campaign for funds, how to secure a charter, and how to elect officers. The duties and responsibilities of trustees are outlined and methods of financing discussed. A chapter is devoted to organization of permanent auxiliary boards. An appendix gives a chart of organization; an example of the law providing for the formation of corporations not for pecuniary benefit, and forms of incorporation, charter, articles, by-laws. There is also a statement of the American Institute of Architects relating to the functions of an architect; standard forms of agreement, (1) between owner and architect; (2) between contractor and owner; forms for bond and subscription blanks are cited. The appendix also contains a list of employees of hospitals having varying bed capacities; and also a statement of annual earnings and expenditures of hospitals of a capacity of 35, 50 and 100 beds.

A Present-Day Conception of Mental Disorders. By Charles MacFie Campbell, M.D., Professor of Psychiatry in Harvard University. Harvard University Press, Cambridge, Mass. 1924. Price $1.00.

This little book is one of the Harvard Health Talks. It avoids technical terminology entirely and attempts briefly to show where the victim of mental disorder is but a different reaction in degree or form from the reaction of cultivated man. It attempts to show how abnormal reaction is built up in the mental problem case and it will be appreciated for its brevity and directness. In the first few paragraphs the writer clashes with the generally accepted and more palatable term "nervous," when in reality we mean "mental." Its use is not only a fuller understanding of the most difficult of human problems to-day, but it will encourage the victim with the fact that he is suffering simply and directly from a human ailment to be studied and treated in the same considerate fashion as other human ailments.

Smallpox and Vaccination. By Benjamin White, Ph.D., Harvard University Press, Cambridge, Mass. 1924. Price $1.00.

A convincing proof of the value of vaccination in preventing and lessening the incidence of smallpox. The backward steps of California, Minnesota, and England in non-enforcement of vaccination are reported and show an increase in smallpox. The book contains arguments to and for in a nutshell. Its revelations show the necessity of all intelligent people being on the watch tower, so as to forestall the efforts of ignorant anti-vaccinationists who by their aggressiveness and loud talk influence legislators to relax the laws which stand for compulsory universal legislation.

Applied Chemistry for Nurses. By Stella Goostray, R.N., Educational Director, Training School for Nurses, Philadelphia General Hospital, and Walter G. Karr, M.S., Ph.D., Chief Chemist, Laboratories of the Philadelphia General Hospital. Toronto: The Macmillan Company. 1924. Price $2.00.

The subject of chemistry is even to the aptest of pupils a bugbear. The authors of this book have, however, made their volume as simple as possible, and our nurses will find that, after a careful study of "Applied Chemistry for Nurses," they will have a practical knowledge of what is, at the best, a dry subject.

A Reference Handbook for Nurses. By Amanda K. Beck, Graduate of the Illinois Training School for Nurses. Fifth edition, reset. Philadelphia and London: The W. B. Saunders Company. Canadian Agents: The J. F. Hartz Co., Limited, Toronto and Montreal. Price $1.50 net.

As we have taken occasion to say before, this is a uniquely useful book for nurses. It is a *multum in parvo* and so compact as to permit of being carried round in the pocket of a uniform, ready for reference at any moment—as our Southern friends say, "Go, get it."

Diabetic Diet. A Handbook for Diabetics by A. Doris McHenry, B.A., and Marjorie M. Cooper, B.A. With an Introduction by J. A. Gilchrist, B.A., M.B., and F. G. Banting, M.C., M.B., M.R.C.S., F.R.C.P., M.D., D.Sc., LL.D. Toronto: The Musson Book Company Limited. Price $1.50 net.

The book seeks to present information to the diabetic simply, so that he will understand how to feed himself. The recipes have all been well tried out at the Christie Street Hospital.

The Operating Room. By Amy Armour Smith, formerly Superintendent of the New Rochelle Hospital, N.Y.; Superintendent of Nurses at the S. R. Smith Infirmary, Staten Island, and at the Woman's Hospital of the State of New York. Second edition, reset. Philadelphia and London: The W. B. Saunders Company. Canadian Agents: The J. F. Hartz Co., Limited, Toronto and Montreal. Price $2.25 net.

The former edition of this well written informative volume was dedicated to "Mine Own People." We always wondered who they were and so stated in our review of the work. This edition leaves nothing in doubt on this point; it is dedicated to Lucy Ann Marshall, R.N., "the best administrator I have yet met."

The author has clearly set forth the general principles and the specific information necessary to be acquired by nurses in all that pertains to the organization, administration and conduct of an operating room. Mrs. Smith (formerly our own Canadian Amy Armour) describes the features, furniture and minor equipment of an operating room, outlines the duties of the various nurses, how to sterilize dressings, prepare solutions, make and care for supplies. It is nicely illustrated and contains a mine of information, useful for superintendents of nurses, operating supervisors and operating nurses, for internes and budding surgeons. We hope the book will have a wide circulation. It is capitally written.

GOLD MEDAL, International Congress of Medicine, 1913

NOVOCAIN

English Trade Mark No. 276477

Cocaine-free Local Anæsthetic

Six to seven times less toxic than Cocaine

The Original Preparation

Specify BRITISH MADE preparations. See "Saccharin Corporation, London, England" on every label.

Price per tube of 10 tablets, 50c. - Literature and full technique on request

Canadian Agents:

W. Lloyd Wood, Limited

64-66 Gerrard St., E. - - Toronto

Pure and Delicious

BAKER'S COCOA



Is a most satisfactory beverage. Fine flavor and aroma and it is healthful.

Well made cocoa contains nothing that is harmful and much that is beneficial.

It is practically all nutrition.

Choice Recipe Book Free.

Walter Baker & Co., Limited

DORCHESTER, MASS. Established 1780 MONTREAL, CAN.

REGISTERED TRADE-MARK

THE SAVING OF LINEN

The proper marking of laundry, though a small thing, is very important. It is most exasperating to lose articles of clothing or institutional linen; especially in these days when such articles are so expensive. Also very annoying are the indistinct hieroglyphics that sometimes adorn the laundry when the old ink or rubber stamp method is used. It would be a good thing therefore, if hospitals would bear in mind that Cash's woven names are now made in Canada to solve the problem of laundry identification, and that they do fulfill this task. In order that uniformity of marking may be observed Messrs. Cash supply special order forms bearing the name of the institution and the style of lettering chosen by those in charge. These special forms are given to nursing homes to be distributed in the proper channels. Another aid to uniformity is a small circular giving cuts of various articles of clothing, and showing in what position the woven mark should appear. These simple aids together with woven samples will be supplied post free by J. & J. Cash, Inc., Belleville, Ont. Woven names for the use of the institution are made both in ⅜ and ½-in. widths and in any style of lettering. They are usually made in red, but are also furnished in other colorings. For the large quantities of the same name that are required for a good-sized institution, special prices are quoted. Moreover the advantage of the large quantity price can still be had if various colors are ordered in the same order; this being frequently done when a special color represents a certain ward or department.

STERLING RUBBER COMPANY, LIMITED.

One of the many interesting exhibits at the British Empire Exhibition at Wembley Park, London, Eng., was that of the Sterling Rubber Company, of Guelph, Ontario, manufacturers of Seamless Rubber Goods of every description and specialists in the production of supplies for hospitals and surgeons, such as surgeons' and nurses' gloves, finger cots, drainage tubing, patching cement and other Seamless Rubber Goods made to special order.

The Sterling Rubber Company's exhibit showed by far the largest range and line of Seamless Rubber Goods at the Ex-

"Canada's Most Famous Dessert"



When ordering give us the name of your dealer.

Our institutional size package represents the same standard of quality that has made our product such a favorite for so many years.

The Genesee Pure Food Company of Canada, Ltd.

Two Factories

LeRoy, N. Y. *Bridgeburg, Ont.*

hibition where they were in competition with a number of other British manufacturers. Hundreds of doctors and nurses who have seen this exhibit have stopped to compliment the exhibitor on their excellent display and a great many prominent surgeons have taken the trouble to write complimentary letters concerning it. Another very interesting feature of the exhibit was the display of a large meteorological balloon inflated to 5′ in diameter. This is the largest balloon made anywhere in the world of one piece of seamless rubber and has attracted a great deal of attention, not only from scientists interested in meteorology, but practically every other person who has seen it.

The Sterling Rubber Company is prepared to make prompt delivery anywhere in the world by parcel post very cheaply and in quantities which will enable the use of their gloves before they are held in stock too long, thus insuring the maximum service and the best possible value.

Another feature of Sterling service is the application of special initials on the gloves in such a way that they will not sterilize off, thus making identification of each pair of gloves possible no matter how many times they are used. This has proven a great convenience to the doctor as well as a help to the sterilizing nurse in identifying each doctor's gloves for his own use, as well as keeping a close record of the gloves purchased by the hospital since these can be initialed as well, if desired.

FOR VAGINAL DOUCHING.

The old time fountain syringe holds a place in the family bathroom which it hardly deserves. There are better appliances. One of these is the Marvel syringe; which the physician may recommend in its stead with advantage to his patients. It is procurable at nearly all drug stores and supply houses.

Instead of throwing a single pin-like stream, which reaches only the part lying against the nozzle the Marvel syringe ejects an expansive volume of fluid, ballooning the vaginal passage and thoroughly flushing it out. The ballooning is important, since the mucuous membrane of the part lies

Vital Questions

Why do some children have rosy red cheeks, while others are pale and colorless? Why do some children have straight legs and live muscles, while others are crooked and resistless? Why do some children have firm, hard flesh, while others are loose and flabby? The answer lies mainly in the food they received during the vital body-building months of their first year of life.

Nestlé's Milk Food

supplies your little patients with a clean, safe, easily digested and readily prepared milk food where for any reason it becomes necessary to supplant breast milk, either wholly or in part. It is of the utmost importance that an infant deprived of Nature's supply should receive during these vital first twelve months of its life, a milk food whose safeness and wholesomeness is unquestioned.

Doctor!—Mail this coupon to us to-day, while you think of it.

Nestlé's Food Company of Canada Limited, 323 St. James Street, Montreal
Gentlemen:—You may send me a sufficient amount of Nestlé's Milk Food for a satisfactory clinical trial.
Name.....
Address.....
Druggist..... 20

To the Hospital Superintendent
To the Surgeon
To the Superintendent of Nurses

For the cleansing of bottles in hospital laboratories and dispensaries; for pantry-sinks, bath-tubs, ice boxes, bedpans, urinals and all enamel ware

CHARM

will be found to be most effective. It is odorless, antiseptic and has a bacteria count that is almost nil.

CHARM will take the lime out of a tea-kettle, softens hard and alkali water, and will be found excellent for cleaning silverware.

We would appreciate it if institutions not having yet tried CHARM would do so, as it will do all that is claimed for it.

GALT CHEMICAL PRODUCTS LIMITED
Galt, Ontario

largely in folds, an anatomical point which has to be considered. The rubber bulb takes a half-pint of water, which is discharged by simple hand pressure.

PLUTO WATER SHOULD BE IN HOSPITALS

The fact that Pluto Water may be found in almost every hospital in the country is quite conclusive evidence that where an enema is often needed and prescribed there Pluto Water is always at hand, and that is in the hospital.

Pluto Water is the product of French Lick Springs, of French Lick, Ind., where probably more worn-out business men go for a speedy renovation than to any other point in America. As one cannot go to French Lick whenever he needs a few days' rest and cleaning out, why not do the next best thing—take a rest at home and use bottled Pluto Water?

THE AFTERMATH OF ACUTE INFECTIONS

An acute infection may be likened to a violent storm, or a fierce battle, which lays waste the territory in which it rages and leaves in its wake a devastated area. When the infection subsides the body's resources are drained, its vital forces are depleted, and there lies before it a more or less prolonged period of reconstruction, during which it is an easy prey to other invasions and to internal disorders. Convalescence is, in fact, almost as critical, in its less spectacular way, as the disease itself. In most cases the ravages of the disease leave the patient so impoverished and exhausted that the struggle back to normal is an unequal one, and calls for help to tide over the critical period. Not infrequently a neglected convalescence is the starting point of chronic invalidism. No case should be relinquished by the doctor until this period is successfully passed.

Nowhere has "Fellows" Compound Syrup of Hypophosphites so efficacious a place as in the up-building of patients after an exhausting acute illness. Its well-combined, easily-assimilable body-foods render it both a real and an ideal tonic, furnishing the system with precisely the materials with which to re-build its devitalized tissues. It is the convalescent's aid *par excellence*.

Insist on

PROTECT
Your Doctor
and Yourself

PHILLIPS' Milk of Magnesia

SAY "PHILLIPS" to your druggist, or you may not get the original Milk of Magnesia prescribed by physicians for 50 years.

Refuse imitations of genuine "Phillips"

Each large 50-cent bottle contains full directions and uses.



The CHASE HOSPITAL DOLL is over five feet tall, made of finely woven stockinet. Is durable, waterwroof and sanitary. It has copper reservoir which has three tubes leading into it, corresponding in location and size to the urethral, vaginal and rectal passages.

Superintendents now using the adult size, as illustrated above, will be glad to know that we make several small models corresponding to a two-month, four-month, one-year and four-year-old baby.

STANDARD EQUIPMENT

The CHASE HOSPITAL DOLL and *The* CHASE HOSPITAL BABY are demonstration manikins--substitutes for the living subject in teaching the proper care of children, the sick and injured. They are the result of thirty years of experience and experiment.

Teaching can best be accomplished through standardized equipment. That is why *The* CHASE HOSPITAL DOLL and *The* CHASE HOSPITAL BABY have been in daily use for years all over the world by the leading Hospitals, Nurses' Training Schools, Home Nursing Classes, Baby Clinics, Mothers' Classes, and by visiting Nurses and Baby-Welfare Workers.

They are made of the best materials obtainable for the purpose. They are unusually durable, withstanding years of hard usage. And whenever necessary they can be repaired and refinished so as to be as good as new. *The* CHASE HOSPITAL DOLL and *The* CHASE HOSPITAL BABY permit of great flexibility and wide latitude both in the demonstration and practise of medical, surgical, and hygienal principles.

Every well-equipped organization engaged in these works find it necessary to install one or more of our models, as Standard Equipment, in order to accomplish the best results.

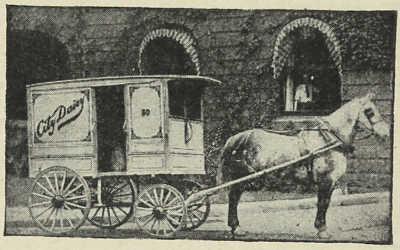
We shall be pleased to send you our latest catalogue.

The CHASE HOSPITAL DOLL

M. J. CHASE
60 Park Place
PAWTUCKET, R.I.

Our "Certified Milk" is produced at City Dairy Farms, New Lowell, Ont. under supervision of Dept. of Health (Toronto)

For years our leading physicians have prescribed it for delicate babies and invalids.



We have a yellow wagon on every street—every morning.

City Dairy

TRINITY 2040

KLEINERT'S SHEETING

The attention of Canadian Hospitals is called to

Kleinert's Double-Faced Super-Callendered Rubber Sheeting

It is guaranteed proof against water and acids. This Rubber Sheeting stands the test of time and service. It comes in rolls or handy squares measuring three-quarters of a yard, one yard, one yard and a quarter, and one yard and a half.

This Sheeting is soft, supple and easily handled, yet firm. It has a lovely linen-like surface and has no objectionable odor. It can be sterilized without injuring it and ordinary heat will not affect it at all.

When purchasing Sheeting, be sure to see that the name Kleinert's is in the selvage. That is your guarantee.

Kleinert's Double-Faced Rubber Sheeting is an absolute necessity in a Hospital or in a private home where there is illness, for mattress protection, or for children's cribs. Why not buy the best?

We are also manufacturers of pure gum rubber squares in the following sizes: 36x45; 36x36; 27x36; 24x30; 24x24 inches.

We would be pleased to give further information on application, as to prices, etc.

I. B. Kleinert Rubber Co.

84-86 Wellington St. West **Toronto**

Powerful Antisyphilitic

More active and better tolerated than 606 and neo-606 (914)

GALYL

Adopted by the Civil and Military Hospitals of the Allied Countries

MEDICATION: *Intravenous* or *intramuscular Injections.*

FRACTIONATED DOSES: 20 to 30 centigr. every 4 days. *(12 to 14 injections for a course).*
MEDIUM DOSES: 30 to 60 centigr. every 6 or 8 days. *(8 to 10 injections for a course).*

READING MATTER AND SAMPLES: Etablts MOUNEYRAT, Villeneuve-la-Garenne (France).
SOLE AGENTS FOR CANADA: ROUGIER Frères, 210 Lemoine St., MONTREAL.

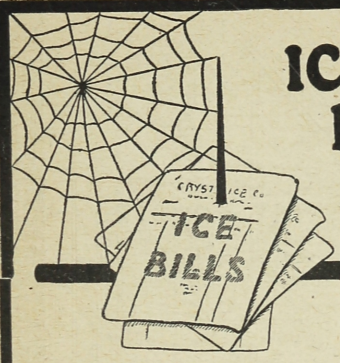
Hygienic Paper Specialties

We are manufacturers of the following items and would be pleased to send you samples on request.

SPUTUM CUP REFILLS
POCKET SPUTUM CUPS
PAPER NAPKINS
PAPER DRINKING CUPS
PAPER CUSPIDORS
PAPER TOWELS
PAPER TABLECLOTHS
TONGUE DEPRESSORS

Stone & Forsyth Co.

67 Kingston St. - - - Boston, Mass., U.S.A.

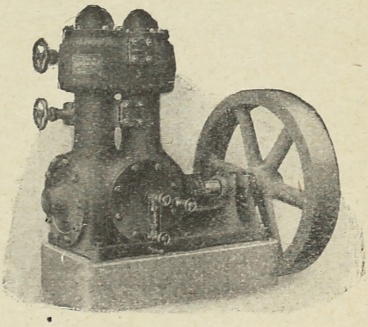


ICE BILLS are RELICS of the PAST

TO USERS OF *York* Mechanical Refrigeration

Ice bills and the worries that go with the iced refrigerator are soon forgotten by the Hospital Staff whose refrigeration isproduced by a York Mechanical Refrigerating System.

The constant, low temperature produced by Mechanical Refrigeration preserves the foodstuffs placed in the refrigerator in prime condition. York Machines also manufacture economically, the necessary ice for institutional use.



Write us for information and prices

CANADIAN ICE MACHINE COMPANY, LTD.

TORONTO MONTREAL WINNIPEG VANCOUVER

IDEAL FOR HOSPITALS

The attention of Hospital Superintendents and Physicians is called to

REFINITE

RIVAL OF THE CLOUDS

TRADE MARK

Nature's Water Softener

In the hospital, Refinite Soft Water makes for the highest economy in the Laundry Department, doubling the life of the linens and preventing the formation of scale in the boilers.

The following Canadian hospitals have thus far been equipped with the Refinite System:

MISERICORDIA HOSPITAL - - -	Edmonton, Alta.
SASKATCHEWAN SANATORIUM - -	Fort Qu'Appelle, Sask.
SASKATCHEWAN PROVINCIAL HOSPITAL	Battleford, Sask.
PROVIDENCE HOSPITAL - - -	Moose Jaw, Sask.
REGINA GENERAL HOSPITAL - -	Regina, Sask.
WEYBURN MENTAL HOSPITAL - -	Weyburn. Sask.
WILLETT HOSPITAL - - - -	Paris, Ont.

We will promptly furnish all desired information

THE REFINITE CO. OF CANADA, LTD.

INCORPORATED

Continental Life Building - - Toronto

Supreme

in those points which make for the utmost in quality and purity of bakery products.

You could travel the whole world over and nowhere would you find a bakery more scrupulously clean, more thoroughly and scientifically equipped than the Ideal bakery.

It has kept apace with science and invention. Improvements that add efficiency and further sanitation always find a place with us. The latest addition—the gas-fired travelling ovens—whereby bread is baked to a nicety without the touch of a human hand is the talk of the trade all over Canada.

It is merely a further proof of the progressive ideals upon which the Ideal baking business has been based. The same high ideal of equipment as we have of quality; for Ideal Bread is made from the finest ingredients possible to be obtained.

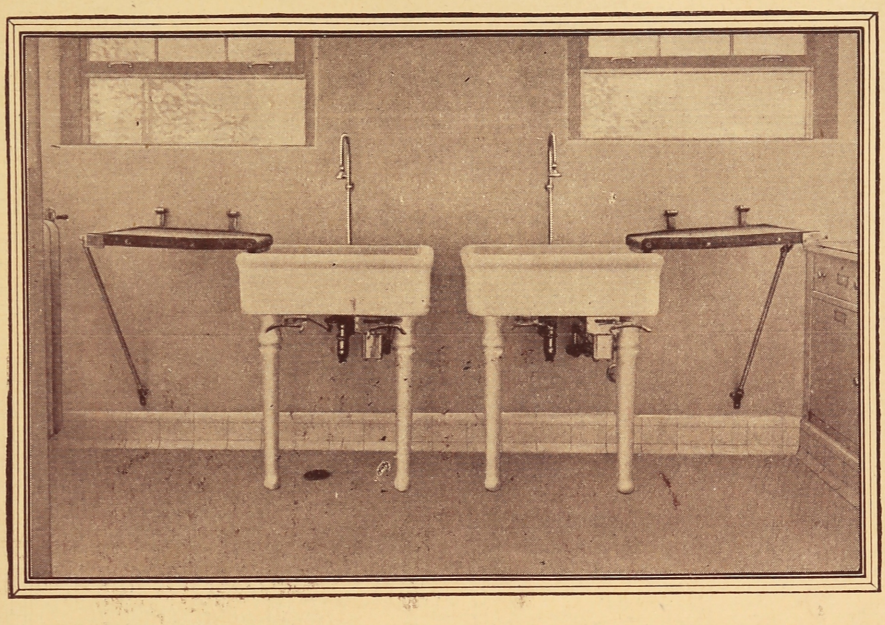
Knowing this, physicians can confidently recommend Ideal products to their patients.

Ideal Bread Company Limited

The most progressive baking firm in the Dominion

183-193 Dovercourt Rd., Toronto. Lakeside 4874





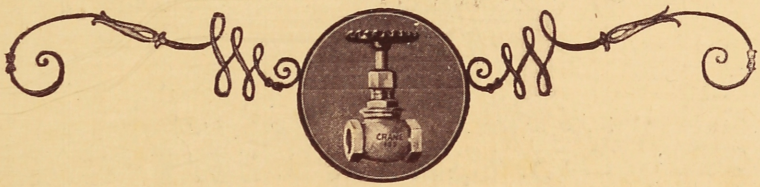
CONVENIENCE AIDED BY DETAIL REFINEMENT

Supplied in specialized types to satisfy all hospital requirements, Crane plumbing fixtures also provide for convenience and durability through thoughtful detail refinements. Crane telescoping legs, for instance, make it possible to install the special sinks pictured here at the height most convenient for the individual who is to use them. Their pop-up wastes, knee-controlled, are large enough to drain the basins promptly and thoroughly. And the Crane provision of extra strength and security throughout makes them able to withstand even careless and severe usage.

CRANE

CRANE LIMITED, GENERAL OFFICES: 386 BEAVER HALL SQUARE, MONTREAL
CRANE-BENNETT LTD., HEAD OFFICE: 45-51 LEMAN STREET, LONDON, ENG.

Branches and Sales Offices in 21 Cities in Canada and British Isles
Works: Montreal, Canada, and Ipswich, England



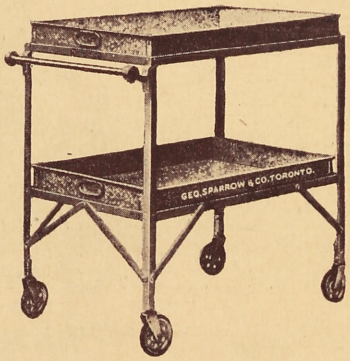
Crane Globe Valve No. 6

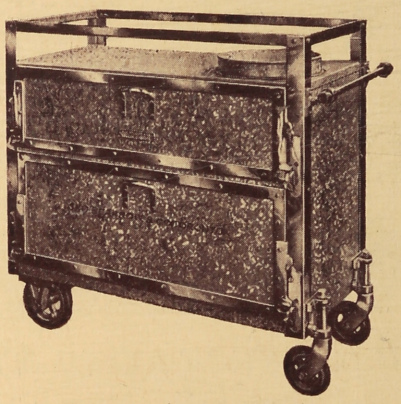
Standard Kitchen Equipment

We specialize on Kitchen and Servery equipment for hospitals and institutions, and owing to our vast experience in this line we are in a position to offer you a better line of goods than can be found elsewhere.

Better Material, Better Construction, Better Finish.

Ranges, Ovens, Broilers, Tables, Steam Cookers, Steam Tables, Coffee Urns, Food Trucks, Dishwashers, Potato Peelers, Utensils and Tools, Ice Breakers, Ice Cream Freezers, Laundry Dryers, Etc.







Write for complete Catalogue and Price List

Geo. Sparrow & Co.

119 Church St. **Toronto, Ont.**

'Phone Main 1305